

Name
In Full

Mrs Cora E. Arty

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

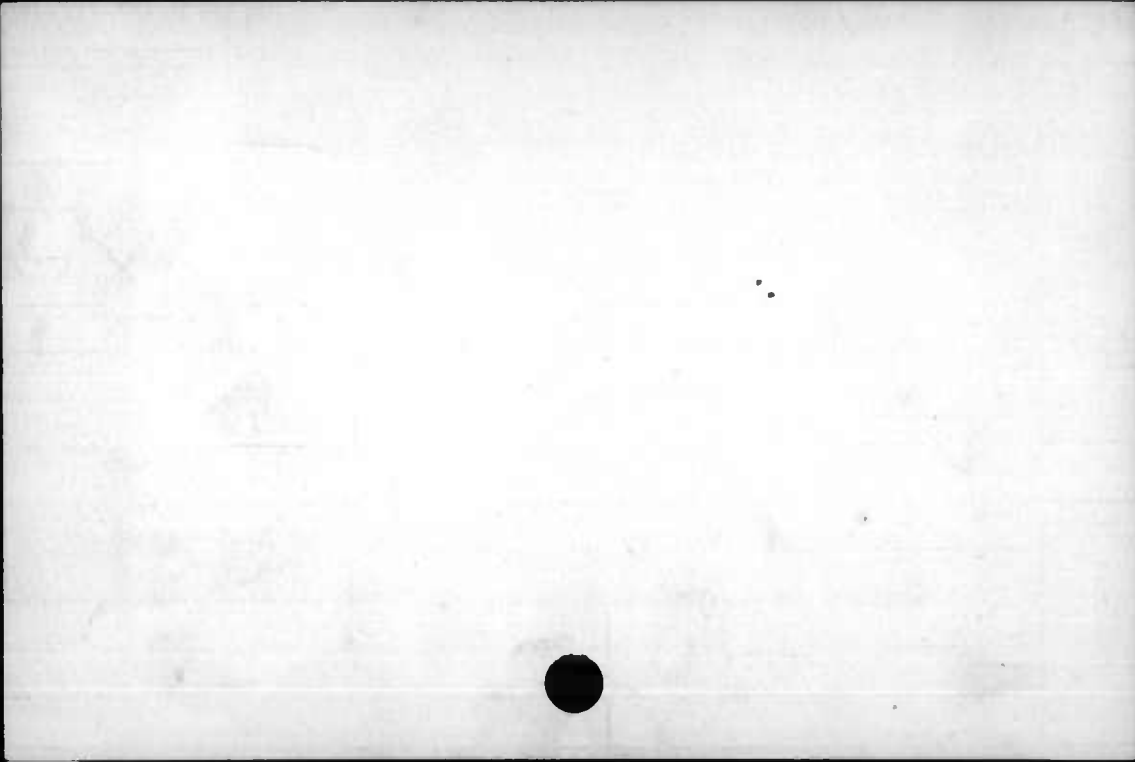
Died at <u>Hagerstown</u> ^{Town}		<u>Washington</u> ^{County}		MARYLAND	
Date of death	<u>1908</u>	Month <u>1</u>	Day <u>27</u>	Age <u>34</u> ^{Years}	Months <u>—</u> Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Md</u>		
Occupation <u>House wife</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>John Arty</u>			
Fether's Name <u>—</u>		Fether's Birthplace <u>—</u>			
Mother's Maiden Name <u>Ann Saphrona Kines</u>		Mother's Birthplace <u>Md</u>			
Name of person giving information <u>Geo Bomers</u>		How related to deceased <u>Cousin</u>			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <u>Tuberculosis</u>	How long <u>6 months</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. H. Charles MD</u>
	Address <u>Hagerstown Md.</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

Martha May Ausherman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Bridgetown Town Washington County MARYLAND

Date of death 1908 Month 1 Day 31 Age — Years — Months — Days 3

Sex Female Color or Race White Birth-place md

Occupation Child Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name George Ausherman Father's Birthplace md

Mother's Maiden Name Iola Stull Mother's Birthplace md

Name of person giving information George Ausherman How related to deceased Father

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary Hemorrhage of stomach How long few hours

Immediate — How long —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician M. A. Herman

Address Hagerstown md

Accident or Suicide? —

to the
Rose Hill

Name
in
Full

Edna Blanch Baker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

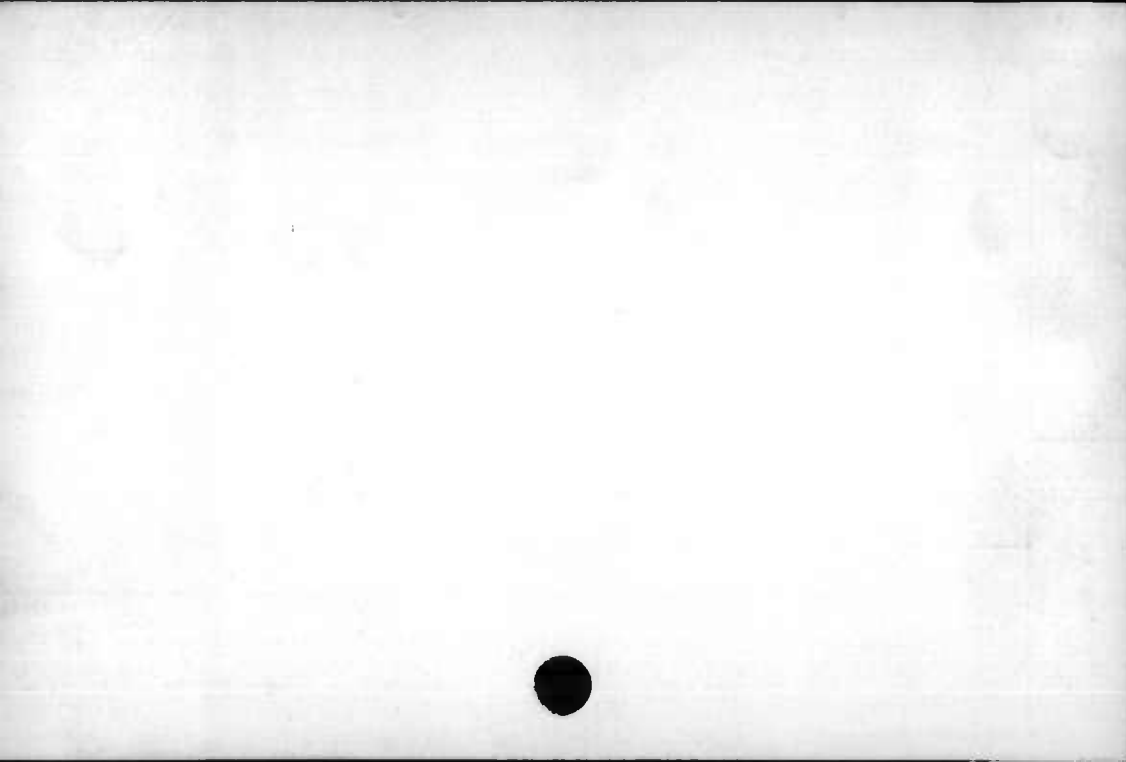
Died at <u>Hagerstown</u> ^{Town}		<u>Washington</u> ^{County}		MARYLAND	
Date of death	1908	Month	7	Day	7
Age	2	Years	10	Months	10
Sex	Female	Color or Race	White	Birth-place	Md
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Fred L. Baker			Father's Birthplace	Md
Mother's Maiden Name	Minnie L. Abner			Mother's Birthplace	Va
Name of person giving information	Fred Baker			How related to deceased	Father

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary	<u>La Grippe</u>	How long	<u>One day</u>
Immediate	<u>Convulsions</u>	How long	<u>One hour</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>S. W. Mustat M.D.</u>
		Address	<u>Hagerstown Md</u>
Accident or Suicide?			



Name
in
Full

Susan E. Baker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Antietam</u> Town		<u>Washington</u> County		<u>Maryland</u> State	
Date of death <u>1908</u>	<u>1</u> Month	<u>7</u> Day	Age <u>46</u>	<u>—</u> Months	<u>—</u> Days
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Mt. Pleasant</u>		
Occupation <u>None</u>	Where Residing if not at place of death <u>Antietam</u>				
Married, Single, or Widowed <u>Widowed</u>	Name of Wife or Husband <u>Edward Baker</u>				
Father's Name <u>James Wolf</u>	Father's Birthplace <u>Dont Know</u>				
Mother's Maiden Name <u>Dont Know</u>	Mother's Birthplace <u>Dont Know</u>				
Name of person giving information <u>Susie Lowman</u>	How related to deceased <u>Daughter</u>				

CAUSES OF DEATH

42

PHYSICIAN
OR CORONER

Primary	<u>Uterine Cancer</u>	How long	<u>About a year</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>E. M. Gantt</u>
		Address	<u>Chambersburg, Ind.</u>
Accident or Suicide?			

Intermont-Mt Briar
Thursday Jan 9-1908

L E Siman & Son

Name
In
Full

Geo. W. Barnes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Hagerstown		County Wash.		MARYLAND	
Date of death		Month Jan	Day 1	Age 68	Years	Months 10	Days 12
Sex male		Color or Race white		Birth-place Ind.			
Occupation Bridge Builder		Where Residing if not at place of death					
Married, Single or Widowed married		Name of Wife Lucinda Barnes					
Father's Name Solomon Barnes		Father's Birthplace Md.					
Mother's Maiden Name Provy Brothers		Mother's Birthplace "					
Name of person giving information Dudley Barnes		How related to deceased son					

CAUSES OF DEATH

50

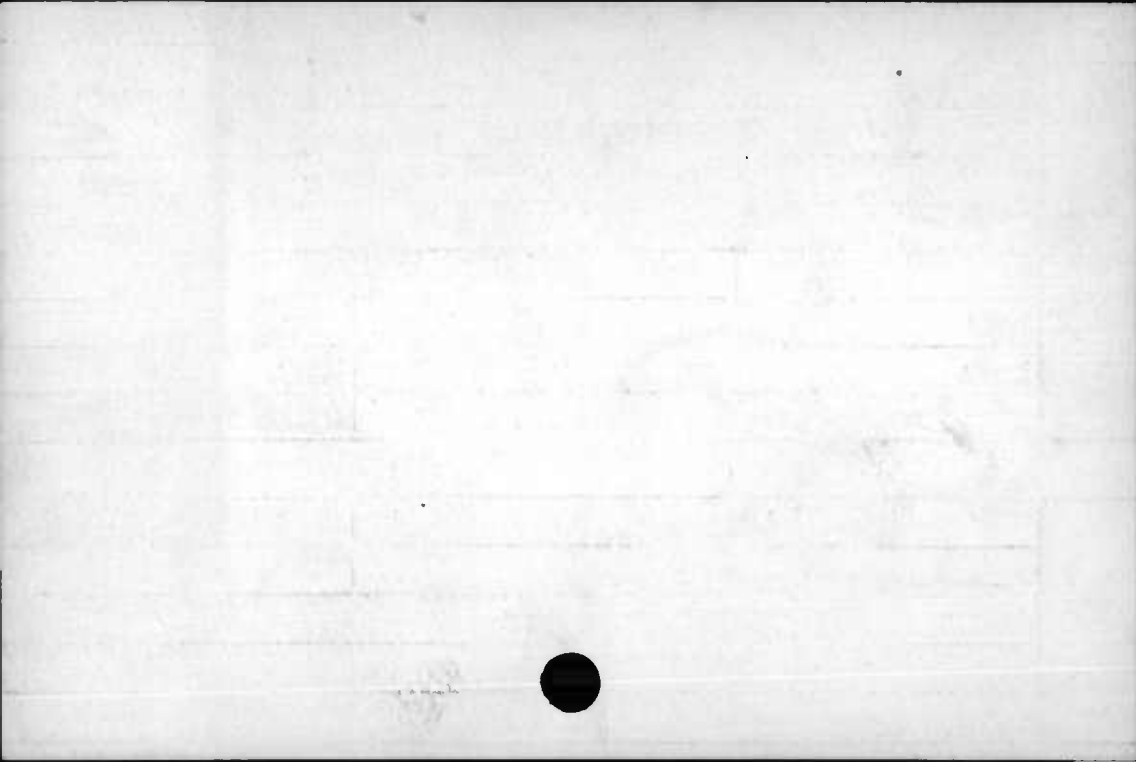
PHYSICIAN
OR CORONER

Primary	Diabetes Mellitus.	How long	10 yrs. (?)
Immediate	Endo Carditis & Nephritis.	How long	6 months.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Victor L. Smith	
		Address	
		Hagerstown Md.	
Accident or Suicide?			
no.			

Suter

1/2

Name in Full		Town				County		CERTIFICATE OF DEATH			
Miss Lydia D. Beck		Hagerstown		Washington		MARYLAND					
Died at		Date of death		Month		Day		Age		Years	
1908		Jan.		29		65		1		21	
Sex		Color or Race		Birth-place							
female		white		Md.							
Occupation		Where Residing if not at place of death									
Lady of Leisure											
Married, Single or Widowed		Name of Wife or Husband									
single											
Father's Name		Father's Birthplace									
John Beck		Penn.									
Mother's Maiden Name		Mother's Birthplace									
Anna Shupp		Md.									
Name of person giving information		How related to deceased									
Joanna Beck		sister.									
		CAUSES OF DEATH									
		120									
Primary		Bright's Disease		How long		about 3 yrs					
Immediate		Paralysis & Exhaustion		How long							
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician									
yes		E. L. Markham		Address		1622 Wisconsin Ave					
Accident or Suicide?											



Name
In
Full

CERTIFICATE OF DEATH

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NEAREST FRIEND

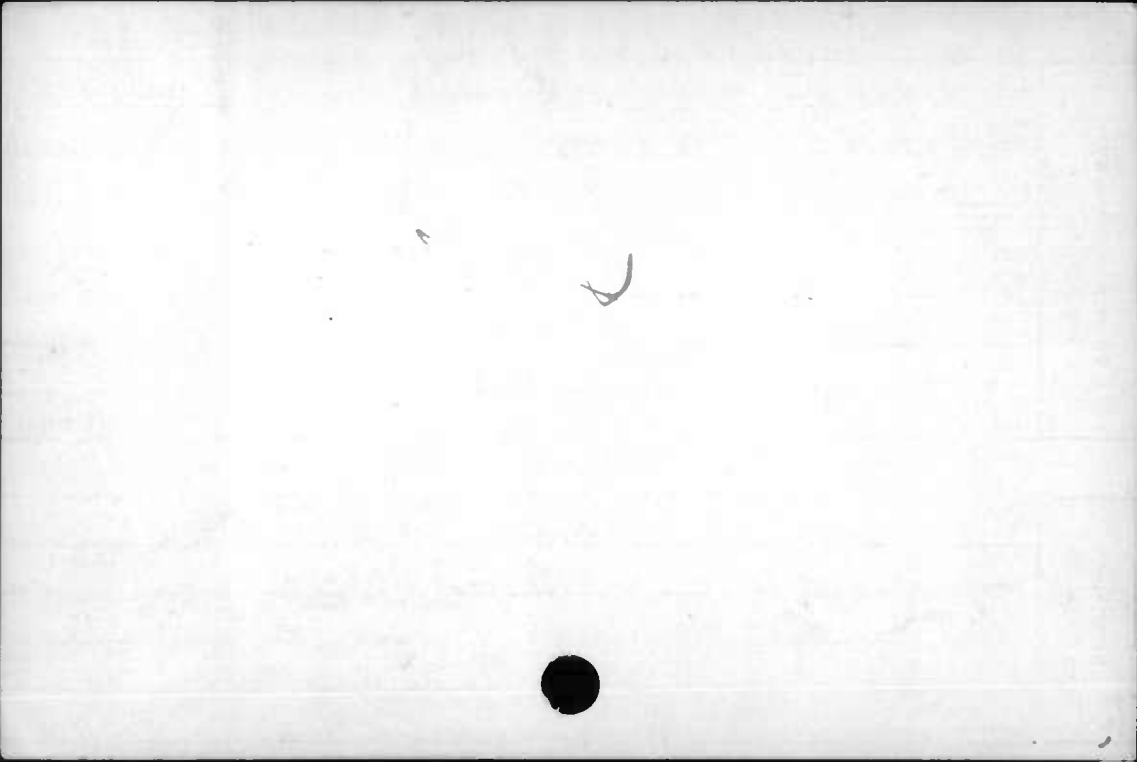
Died at <u>Hagerstown</u> ^{Town}		<u>Washington</u> ^{County}		MARYLAND	
Date of death 190 <u>8</u>		Month <u>1</u>	Day <u>11</u>	Age <u>—</u>	Years <u>—</u>
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>W.D.</u>	
Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>James Boylan</u>		Father's Birthplace <u>N.D.</u>			
Mother's Maiden Name <u>Emma Rhodes</u>		Mother's Birthplace <u>N.D.</u>			
Name of person giving Information <u>Jos. Boylan</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

176

PHYSICIAN
OR CORONER

Primary <u>Injuries of childbirth</u>	How long <u>2 days</u>
Immediate <u>Exhaustion</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. M. Wertz</u>
<u>—</u>	Address <u>Hagerstown</u>
Accident or Suicide? <u>—</u>	<u>—</u>



Name
in
Full

Ann Amelia Brewer.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Milson* Town*York* CountyDate
of death 1908

Month

1

Day

31

Age

Years

66

Months

0

Days

0

Sex

*Female*Color or
Race*white*Birth-
place*Pa.*

Occupation

*N. N.*Where Residing if not
at place of death*Milson*Married, Single
or Widowed*Married*Name of Wife or
Husband*Single*Father's
Name*John Brewer*Father's
Birthplace*MD*Mother's
Maiden Name*Elizabeth Terry*Mother's
Birthplace*MD*Name of parson giving
information*—*How related
to deceased*—*

CAUSES OF DEATH

79

Primary

Cardiac Dehiscence

How long

4 wks.

Immediate

Pulmonary Edema

How long

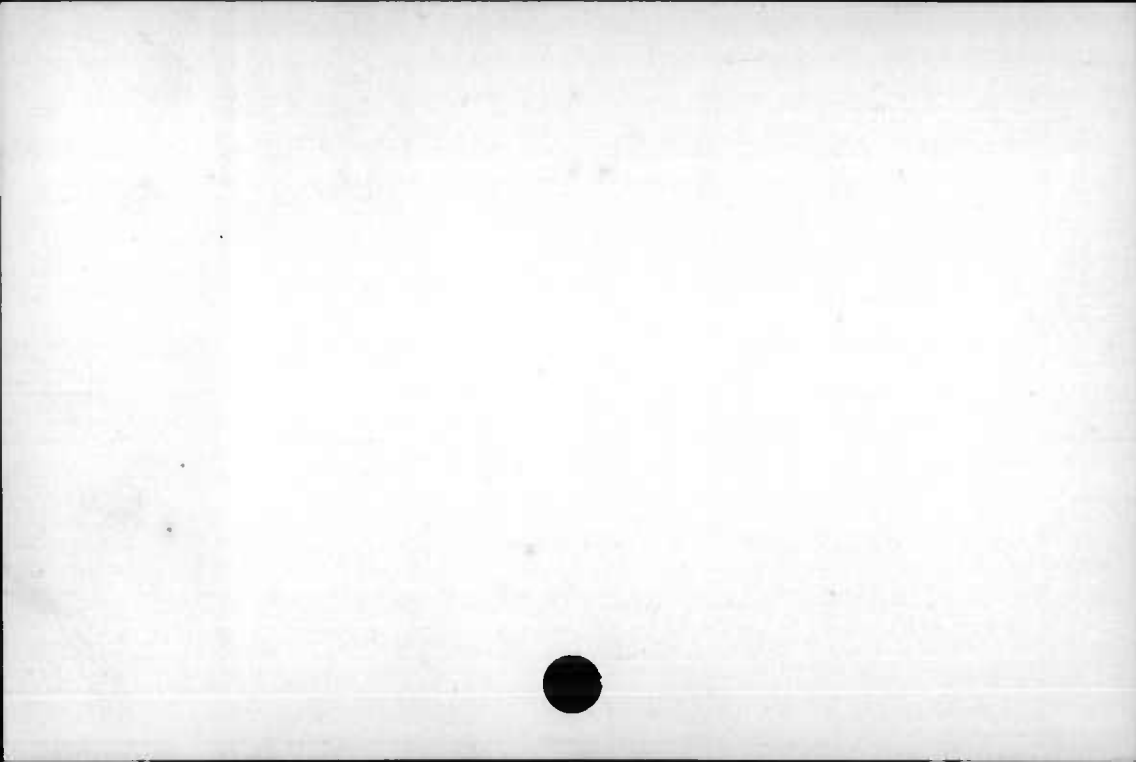
Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*Chas. Boose*

Address

Lagustown

Accident or Suicide?

No



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *R. Jane Brewer* Town *Rockdale* County *Washington* MARYLAND

Died at *Rockdale* *Washington*

Date of death *1908* Month *Jan* Day *23* Age *81* Years Months *—* Days *28*

Sex *Female* Color or Race *White* Birth-place *Dayton Ohio*

Occupation *Housewife* Where Residing if not at place of death

Married, Single or Widowed *—* Name of Wife or Husband *Jacob Brewer*

Father's Name *John Engles* Father's Birthplace *England*

Mother's Maiden Name *Sarah Murry* Mother's Birthplace *Ohio*

Name of person giving information *Nettie Brewer* How related to deceased *Daughter*

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

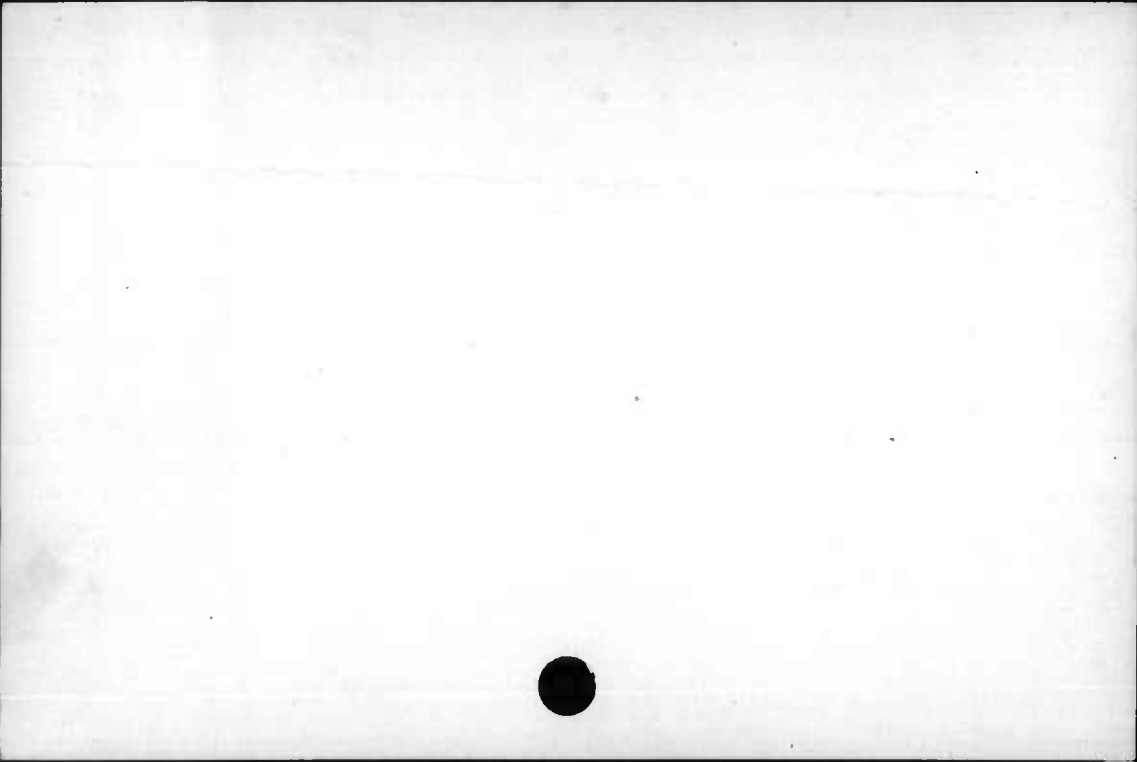
Primary *La Grippe* How long *10 days*

Immediate *Pneumonia* How long *5 days*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Harry G. Britzman*

Address *Fairview Wash. Co. Md.*

Accident or Suicide? *—*



Name
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Full

CERTIFICATE OF DEATH

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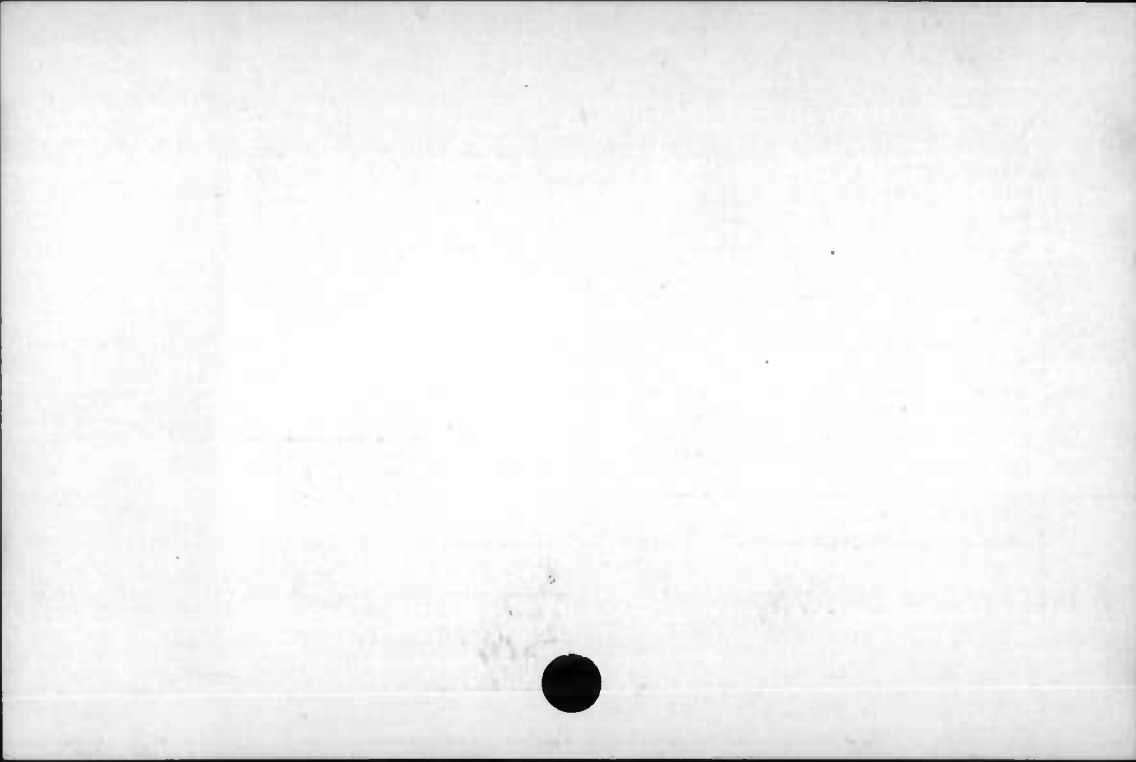
Died at <i>Hagerstown</i>		County <i>Wash.</i>		MARYLAND	
Date of death	190 <i>8</i>	Month <i>Jan</i>	Day <i>8</i>	Age <i>65</i>	Months <i>6</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>md.</i>		
Occupation <i>N. W.</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>widow</i>	Name of Wife or Husband <i>Charles Brezler</i>				
Father's Name <i>George Shaper</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Mary F. Zull</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Alus Brezler</i>	How related to deceased <i>son</i>				

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Chronic Myocarditis</i>	How long <i>1 year</i>
Immediate <i>Heart Failure</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>D. M. Dequaman</i>
<i>No.</i>	Address <i>Hagerstown, Md.</i>
Accident or Suicide? <i>No.</i>	



Name
in
Full

Robert Bridges

CERTIFICATE OF DEATH

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NEAREST FRIEND

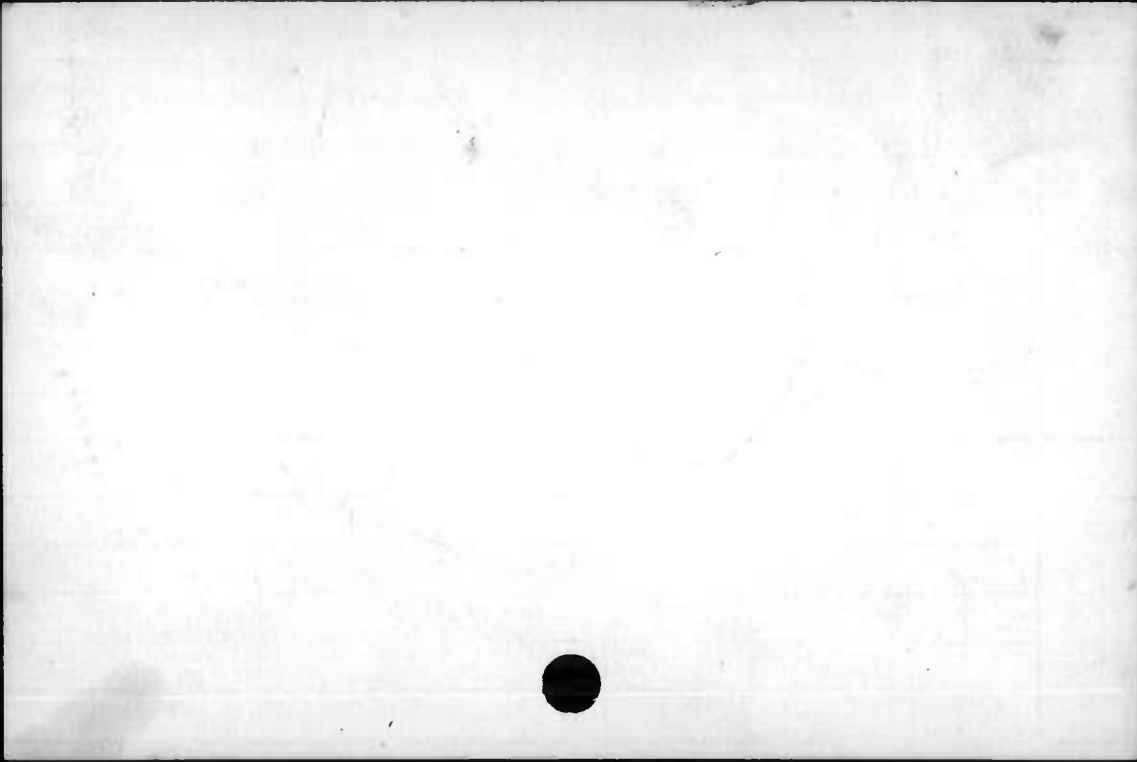
Died at <i>Hancock Md</i>		County <i>Washington</i>		MARYLAND	
Date of death <i>908</i>	Month <i>January</i>	Day <i>Thursday</i>	Age <i>77</i>	Months <i>8</i>	Days <i>18</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Hancock Md</i>		
Occupation <i>Manufacturer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Priscilla William Bridges</i>				
Father's Name <i>Robert Ferguson Bridges</i>	Father's Birthplace <i>Scotland</i>				
Mother's Maiden Name <i>Rebecca Leopold</i>	Mother's Birthplace <i>Pennsylvania</i>				
Name of person giving information <i>F. Matus Bridges</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Lobar Pneumonia</i>	How long <i>5 days</i>
Immediate <i>Asthma from Pul. Embolism</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. A. West</i>
Address <i>Hancock Md</i>	
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

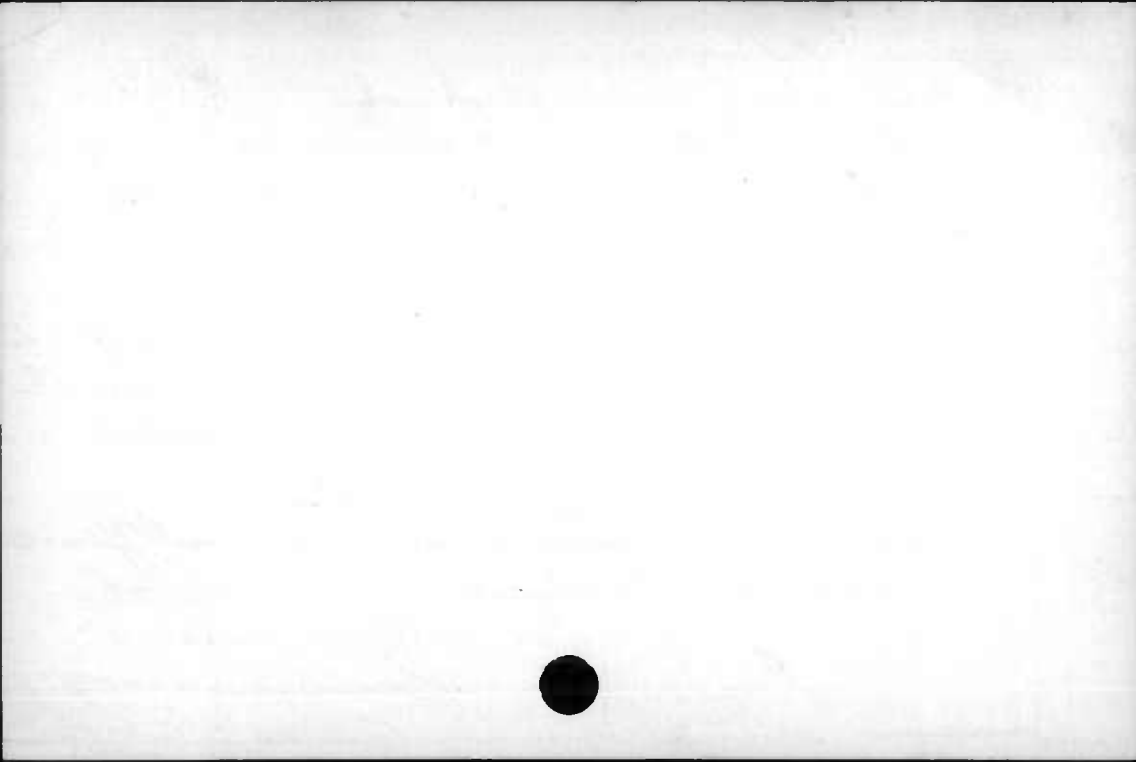
Died at <i>Town</i> Fairplay		County Wash		MARYLAND	
Date of death 1908	Month Jun	Day 6	Age 44	Months 4	Days 24
Sex Male	Color or Race White	Birth-place Virginia			
Occupation Farmer	Where Residing if not at place of death _____				
Married, Single or Widowed Married	Name of Wife or Husband Indiana Harker.				
Father's Name Unknown	Father's Birthplace Unknown.				
Mother's Maiden Name Unknown	Mother's Birthplace Unknown.				
Name of person giving information Herbert Brill	How related to deceased Son				

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary Lobar Pneumonia	How long 2 weeks?
Immediate Heart Cardiac Exhaustion	How long 1 hour
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician B. M. Reichard
	Address Fairplay.
Accident or Suicide? /	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

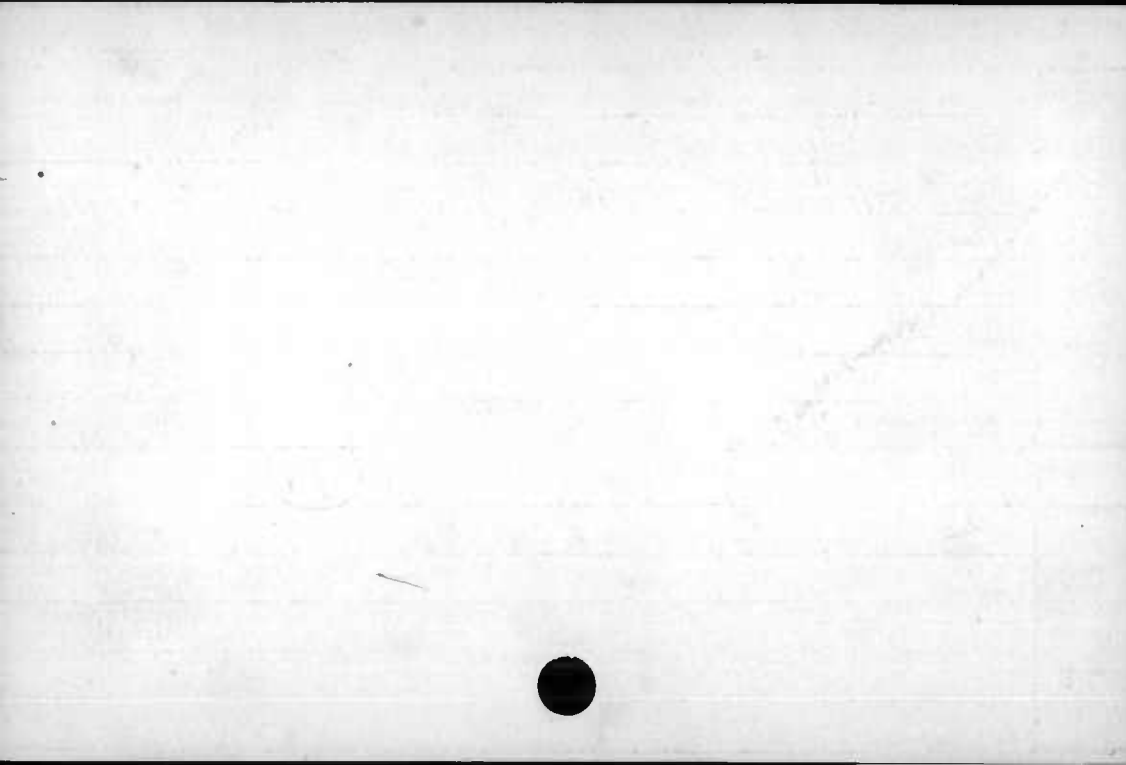
Died at <u>Ponderville</u> Town		<u>Starklington</u> County		MARYLAND	
Date of death	1908	Month	1	Day	28
Age		Years	73	Months	18
Sex		Male	Color or Race	White	Birth-place
Occupation		Laborer		Where Residing if not at place of death	
Married, Single or Widowed		Married		Name of Wife or Husband	
Father's Name		Samuel Cline		Father's Birthplace	
Mother's Maiden Name		Ann Maria Zisk		Mother's Birthplace	
Name of person giving information		Halter Cline		How related to deceased	
				Son.	

CAUSES OF DEATH

74

PHYSICIAN
OR CORONER

Primary	<u>Neurotic Prostration</u>	How long	<u>Several Years</u>
Immediate	<u>Heart Failure</u>	How long	<u>Instant</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Dr. W. K. Kefauver	
		Address	
		<u>Smithsburg</u>	
		<u>Maryland</u>	
<u>Accident or Suicide?</u>			



Name
in
Full

Abby P. Conner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Heagstown</u> ^{Town}		<u>Washington</u> ^{County}		MARYLAND	
Date of death	1908	Month	June	Day	35
Age	45	Years	8	Months	6
Sex	male	Color or Race	white	Birth-place	Va
Occupation	Real Estate agent		Where Residing if not at place of death		
Married, Single or Widowed	married	Name of Wife or Husband	Mrs Adelaide Conner		
Father's Name	Patrick Conner		Father's Birthplace	Va.	
Mother's Maiden Name	Emily Nevitt		Mother's Birthplace	Va	
Name of person giving information	Mrs A. P. Conner		How related to deceased	wife.	

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<u>Pneumonia</u>	How long	<u>5 days</u>
Immediate	<u>Exhaustion</u>	How long	<u>24 hours</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>W. H. Dugan</u>	
		Address <u>Heagstown</u>	
Accident or Suicide? <u>—</u>			

Sister & Son
1/8

Name
in
Full

Ella Catherine Letrich

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hagerstown</u> ^{Town}		<u>Washington</u> ^{County}		MARYLAND	
Date of death	190 <u>8</u>	Month <u>1</u>	Day <u>5</u>	Age <u> </u> Years	Months <u> </u> Days <u> </u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Ind</u>		
Occupation <u> </u>			Where Residing if not at place of death <u> </u>		
Married, Single or Widowed <u> </u>			Name of Wife or Husband <u> </u>		
Father's Name <u>John S. G. Letrich</u>			Father's Birthplace <u>Pa</u>		
Mother's Maiden Name <u>Ella G. Letrich</u>			Mother's Birthplace <u>Pa</u>		
Name of person giving information <u> </u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

150

PHYSICIAN
OR CORONER

Primary	<u>Congenital Cardiac Disease</u>	How long	<u>20 hours.</u>
Immediate	<u>asphyxia</u>	How long	<u>..</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>W. E. Miller L.</u>	
		Address <u>Hagerstown Ind</u>	
Accident or Suicide? <u>no</u>			

Watkins
near Mercersburg, Pa.

Name
in
Full

Alice M. Eagle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> Town		<i>Washington</i> County		MARYLAND	
Date of death	<i>1908</i>	Month <i>1</i>	Day <i>29</i>	Age <i>1</i> Years	Months <i>5</i> Days <i>13</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Hanson Eagle</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Etha E. Myers</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>Hanson Eagle</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>10 days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>M. H. Den-</i>	
		Address <i>Hagerstown Md</i>	
Accident or Suicide? <i>—</i>			

435

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

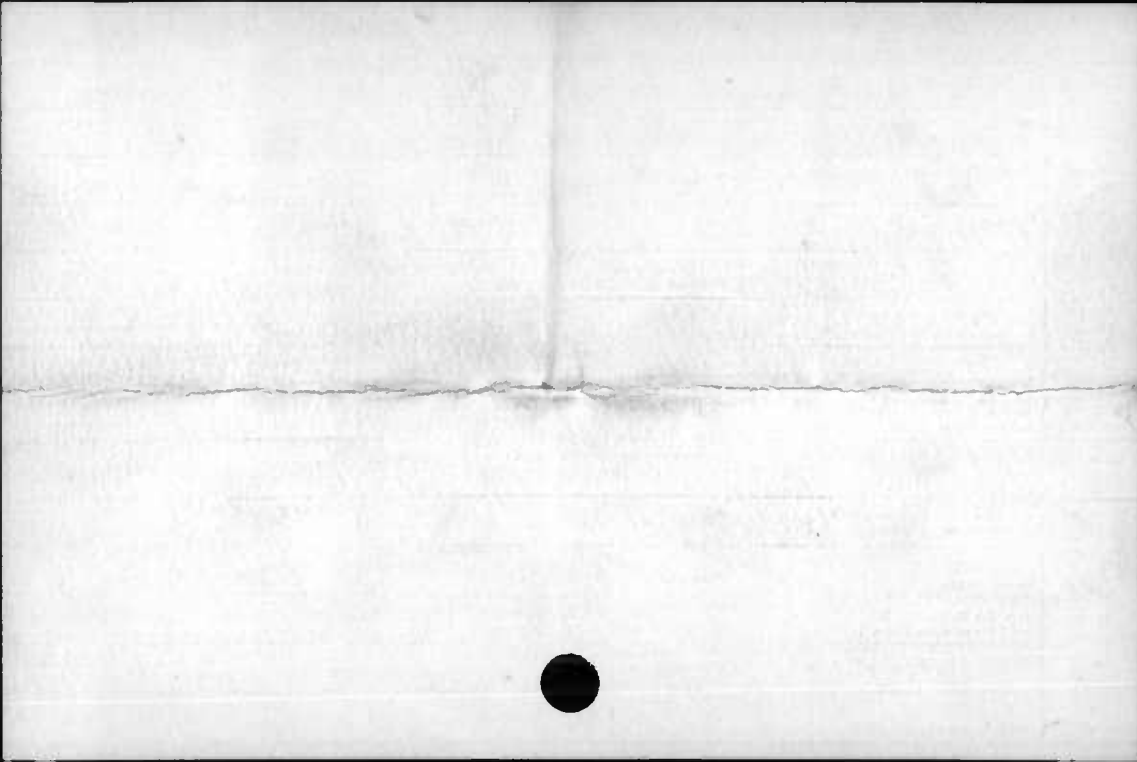
Died at <i>Walnut Point</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death	1908	Month	1	Day	12
Age	—		Years	Months	10
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation	<i>Child</i>		Birth-place	<i>md</i>	
Where Residing if not at place of death			<i>md</i>		
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband		
Father's Name	<i>Charles Forsythe</i>			Father's Birthplace	<i>md</i>
Mother's Maiden Name	<i>Mary E West</i>			Mother's Birthplace	<i>N.D.</i>
Name of person giving information	<i>Charles Forsythe</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary	<i>Bronchial Pneumonia</i>	How long	<i>one week</i>
Immediate	<i>Convulsions</i>	How long	<i>few hours.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>W. Richardson</i>	
		Address	
		<i>Williamport Md</i>	
Accident or Suicide?			
<i>No.</i>			



Name in Full		Edward N Galloway				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at ^{Town} Hagerstown		^{County} Washington		MARYLAND		
		Date of death 1908		Month 1	Day 24	Years 34	Months —	Days —
		Sex Male		Color or Race Colored		Birth-place Md.		
		Occupation Laborer		Where Residing if not at place of death —				
		Married Single or Widowed Single		Name of Wife or Husband —				
		Father's Name Ragsdale		Father's Birthplace Md.				
		Mother's Maiden Name Sarah Cole		Mother's Birthplace Md.				
Name of person giving information Isaac Galloway		How related to deceased Brother						
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">64</div>								
PHYSICIAN OR CORONER		Primary Apoplexy				How long 24 hours		
		Immediate Heart Failure				How long a few hours		
		Are the name, age, sex, color, date and place correctly given above? yes				Signature of Physician R. D. Wilson M.D.		
		Address 302 N. Jonathan St., Hagerstown Md.						
Accident or Suicide? no								

By James
Rose Hill

Name

in
Full

Robert A Gardner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Antietam</u> <small>Town</small>		<u>Washington</u> <small>County</small>		<u>State</u> MARYLAND	
Date of death <u>1908</u>	Month <u>1</u>	Day <u>14</u>	Age <u>52</u>	Months <u>3</u>	Days <u>22</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Pennsylvania</u>		
Occupation <u>Laborer</u>		Where Residing if not at place of death <u>Antietam</u>			
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>Ellen Gardner</u>				
Father's Name <u>Robert A Gardner</u>	Father's Birthplace <u>Germany</u>		Mother's Birthplace <u>Mo</u>		
Mother's Maiden Name <u>Margaret Muller</u>	How related to deceased <u>Wife</u>				
Name of person giving information <u>Ellen Gardner</u>					

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary <u>La Grippe and Pneumonia</u>	How long <u>about 2 weeks</u>
Immediate <u>Pneumonia</u>	How long <u>about 1 week</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>S. H. Gardner</u>
	Address <u>Chapinsburg, Mo</u>
Accident or Suicide? <u>No</u>	

LE Sumner & Son
Kraysville
md

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Date of death	190	Month	1	Day	16
Age		Years		Months	Days
Sex <i>Male</i>		Color or Race		Birth-place	
Occupation <i>Labrer</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Wm. Brown</i>			
Father's Name <i>John Gates</i>		Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Mary Bailey</i>		Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Martha Gates</i>		How related to deceased <i>Sister</i>			

CAUSES OF DEATH

93

Primary	<i>Pneumonia</i>	How long	<i>8 days</i>
Immediate	<i>Syncope</i>	How long	<i>1</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. R. Laughlin</i>	
Address <i>Hagerstown Ind</i>		Address <i>Hagerstown Ind</i>	
Accident or Suicide?			

Cyprian
Hagsham

1/18/08

Name
in
Full

Hannah

Gibney

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> <small>Town</small>		<i>Washington</i> <small>County</small>		MARYLAND	
Date of death	<i>1908</i>	Month	<i>1</i>	Day	<i>11</i>
Age		<i>84</i>	Years	Months	<i>17</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Pa</i>
Occupation	<i>None</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Widow</i>	Name of Wife or Husband	<i>Patrick Gibney</i>		
Father's Name	<i>Don't know</i>		Father's Birthplace	<i>"</i>	
Mother's Maiden Name	<i>"</i>		Mother's Birthplace	<i>"</i>	
Name of person giving information	<i>George Gibney</i>		How related to deceased	<i>Son</i>	

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	<i>Paralysis</i>	How long	<i>2 yrs.</i>
Immediate	<i>Frailty</i>	How long	<i>Exhaustion</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	
Signature of Physician		<i>W. M. Merson</i>	
Address		<i>Hagerstown Md.</i>	
Accident or Suicide?		<i>No</i>	

L. M. Watkins
Zion Church
Leandro.

1/15/08

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> <small>Town</small>		<i>Washington</i> <small>County</small>		MARYLAND		
Date of death <i>1908</i>		<i>1</i> <small>Month</small>	<i>21</i> <small>Day</small>	<i>52</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Md</i>		
Occupation <i>Domestic</i>		Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>—</i>				
Father's Name <i>Joseph Louis</i>		Father's Birthplace <i>Md</i>				
Mother's Maiden Name <i>—</i>		Mother's Birthplace <i>—</i>				
Name of person giving information <i>Wm J. Stoops</i>		How related to deceased <i>None</i>				

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary <i>General Debility</i>	How long <i>3 mo.</i>
Immediate <i>Heart Failure (Valvular)</i>	How long <i>about 5 mo.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. B. Wilson M.D.</i>
	Address <i>302 - N. Jonathan St., Hagerstown Md.</i>
Accident or Suicide? <i>no.</i>	

Ann's Spring

Handwritten

Spring

Name
in
Full

Catharine

Grady

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

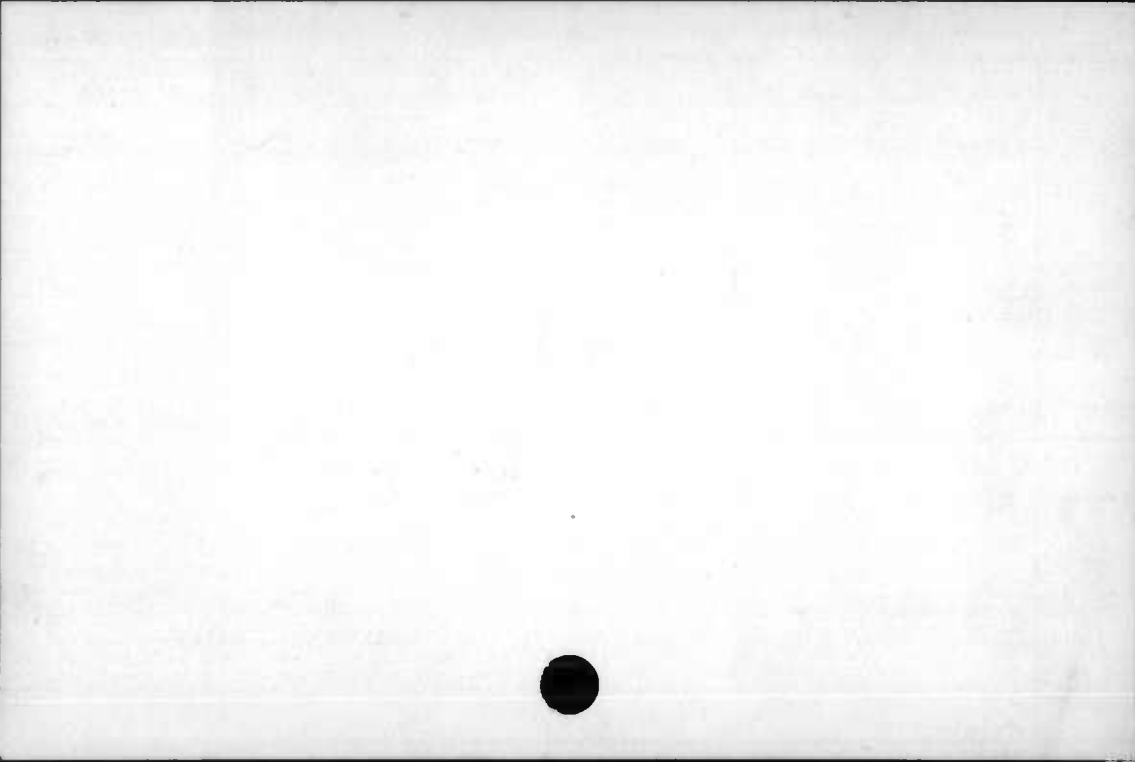
Died at <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>1</i>	Day <i>4</i>	Age <i>70</i>	Months <i>—</i>	Days <i>13</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birthplace <i>Ireland</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Thomas Grady</i>				
Father's Name <i>(Don't know)</i>	<i>Lynch</i>		Father's Birthplace <i>Ireland</i>		
Mother's Maiden Name <i>(Don't know)</i>	<i>"</i>		Mother's Birthplace <i>Ireland</i>		
Name of parson giving information <i>The Grady</i>		How related to deceased <i>Husband</i>			

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Bright's disease</i>	How long <i>years</i>
Immediate <i>Taxemic poisoning</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. M. Wertz</i>
	Address <i>121 W. Washington St</i>
Accident or Suicide? <i>—</i>	<i>Otaguano</i>



Name
in
FullGriffith (female) Still Birth
Town
Kendall
County
Washington

CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death

1908

Month

1

Day

14

Age

Years

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Md

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Daniel J. Griffith

Father's
Birthplace

Md

Mother's
Maiden Name

Carrie E. Kapole

Mother's
Birthplace

Md

Name of person giving
In formation

Daniel J. Griffith

How related
to deceased

Father

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

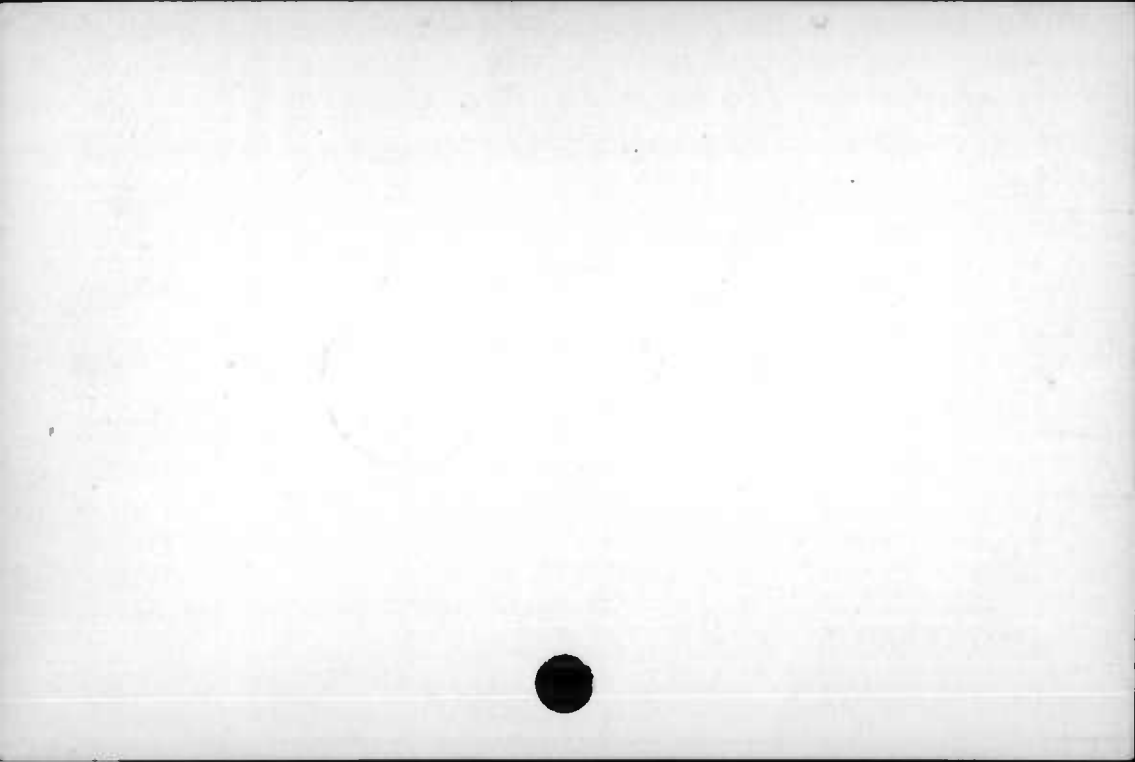
Signature of
Physician

Address

H. M. Michener M.D.
Kendall Md

Assistant or Coroner:

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

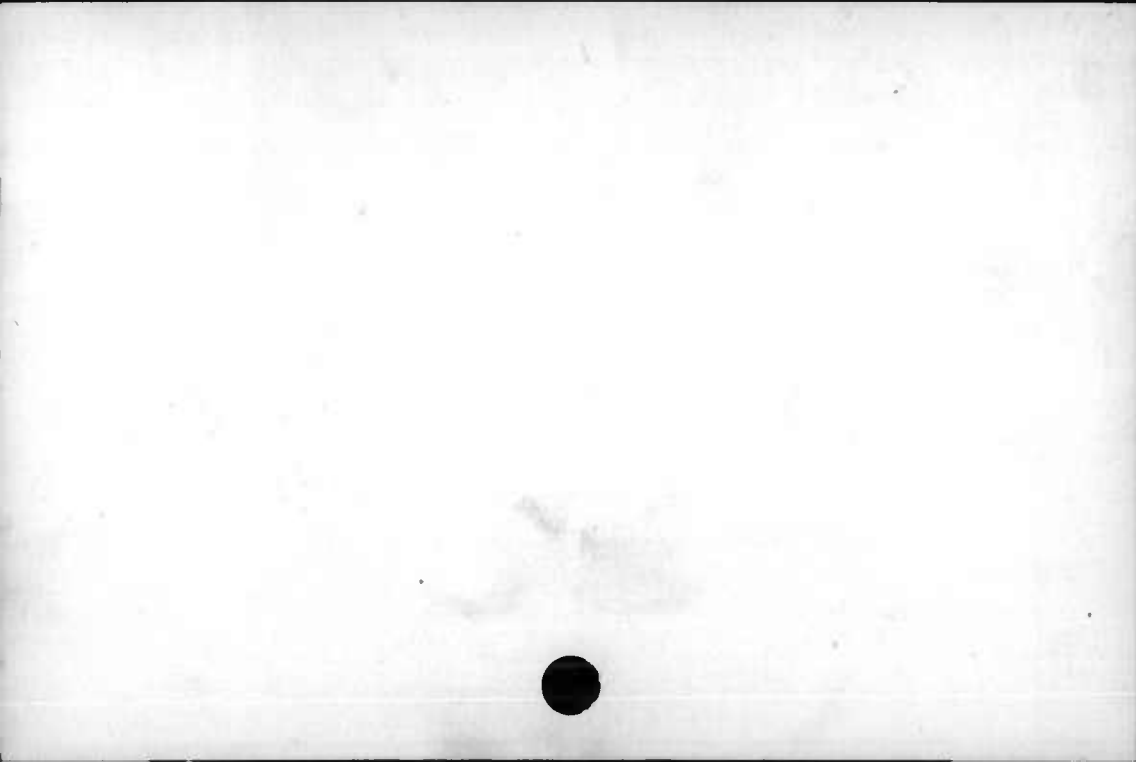
Died at <i>Frankstown</i> Town		<i>Washington</i> County		MARYLAND	
Date of death <i>1908</i>		Month <i>1</i>	Day <i>13</i>	Age <i>66</i>	Years <i>1</i> Months <i>20</i> Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Frankstown</i>			
Occupation			Where Residing if not at place of death <i>Frankstown</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>none</i>			
Father's Name <i>Jacob Gross</i>		Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Magdeline</i>		Mother's Birthplace <i>Germany</i>			
Name of person giving information <i>Mrs Lottie Gross</i>		How related to deceased <i>Sister</i>			

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary <i>Grippe</i>	How long <i>4 days</i>
Immediate <i>heart exhaustion</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr F S Newcome</i>
<i>9</i>	Address <i>Frankstown Md</i>
Accident or Suicide?	



Name
in
Full

Martha Groves

CERTIFICATE OF DEATH

State

MARYLAND

TO BE ANSWERED BY
NEAREST FRIENDDied at Sharpsburg ^{Town} Washington ^{County}
Date of death 1908 ^{Month} 1 ^{Day} 7 ^{Age} — ^{Years} — ^{Months} 1 ^{Days} 2Sex Female Color or Race White Birth-place Sharpsburg
Occupation None Where Residing if not at place of death Sharpsburg MdMarried, Single Single Name of Wife or Husband —Father's Name Tim GrovesFather's Birthplace SharpsburgMother's Maiden Name Mary DrummerMother's Birthplace SharpsburgName of person giving Information Silas DrummerHow related to deceased Grand Father

CAUSES OF DEATH

145

PHYSICIAN
OR CORONERPrimary Large Sural PleurHow long Since birth.

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

L. W. Garrett
Sharpsburg, Md.

Accident or Suicide?

L E Sumner & Son

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> Town <i>Wash.</i> County		MARYLAND	
Date of death	1908	Month	Jan
	Day	18	Age
	Years	38	Months
			Days
Sex	male	Color or Race	white
Birth-place	Penna.	Occupation	Track Walker
Where Residing if not at place of death			
Married, Single or Widowed	married	Name of Wife or Husband	Mary R. Hepper
Father's Name	Peter Hepper	Father's Birthplace	Pa.
Mother's Maiden Name	Charlotte Thomas	Mother's Birthplace	"
Name of person giving information	John Rummel	How related to deceased	brother in law

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary	Run over by railroad cars	How long	Instantly
Immediate	R. R. accident	How long	Stripped & mangled
Are the name, age, sex, color, date and place correctly given above?		Signature of <i>Trust D. Hoffman</i> JP	
		Address <i>Retiring across St.</i>	
Accident or Suicide?		Accident	

Broadfaring

Name
in
Full

Goldie F. Halbert

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hagerstown</u> ^{Town}		<u>Washington</u> ^{County}		MARYLAND	
Date of death	1908	Month	1	Day	16
Age		23		Years	
Sex		Female		Color or Race	White
Occupation				Birth-place	MD
Where Residing if not at place of death					
Married, Single or Widowed		Married		Name of Wife or Husband	David Halbert
Father's Name		Jacob Echeburger		Father's Birthplace	MD
Mother's Maiden Name		Ludcha Brash		Mother's Birthplace	MD
Name of person giving information		David Halbert		How related to deceased	Husband

CAUSES OF DEATH

156

PHYSICIAN
OR CORONER

Primary	<u>Suicide by Chloroform</u>	How long	—
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		W. S. Herman	
Address		Hagerstown	
Accident? Suicide?		Suicide?	

Watkins
St Pauls. 1/17/08

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		Jan	12	58		6	10
Sex	Color or Race	Birth-place					
Male	White	Washington Co.					
Occupation	Where Residing if not at place of death						
Farmer	Williamsport						
Married, Single or Widowed	Name of Wife or Husband						
Married	Susan E. Potts						
Father's Name	Father's Birthplace						
Henry W. Hoffman	Washington Co						
Mother's Maiden Name	Mother's Birthplace						
Magdalen Hoffman	" "						
Name of person giving Information	How related to deceased						
Alvey E. Hoffman	Brother						

CAUSES OF DEATH

81

PHYSICIAN
OR CORONER

Primary	Arterio-Sclerosis	How long	3 yrs -
Immediate	Exhaustion	How long	2 mos -
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. M. Wentz
yes -		Address	Hagerstown -
Accident or Suicide?			

Please return at
once And Obey
J. M. Miller

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

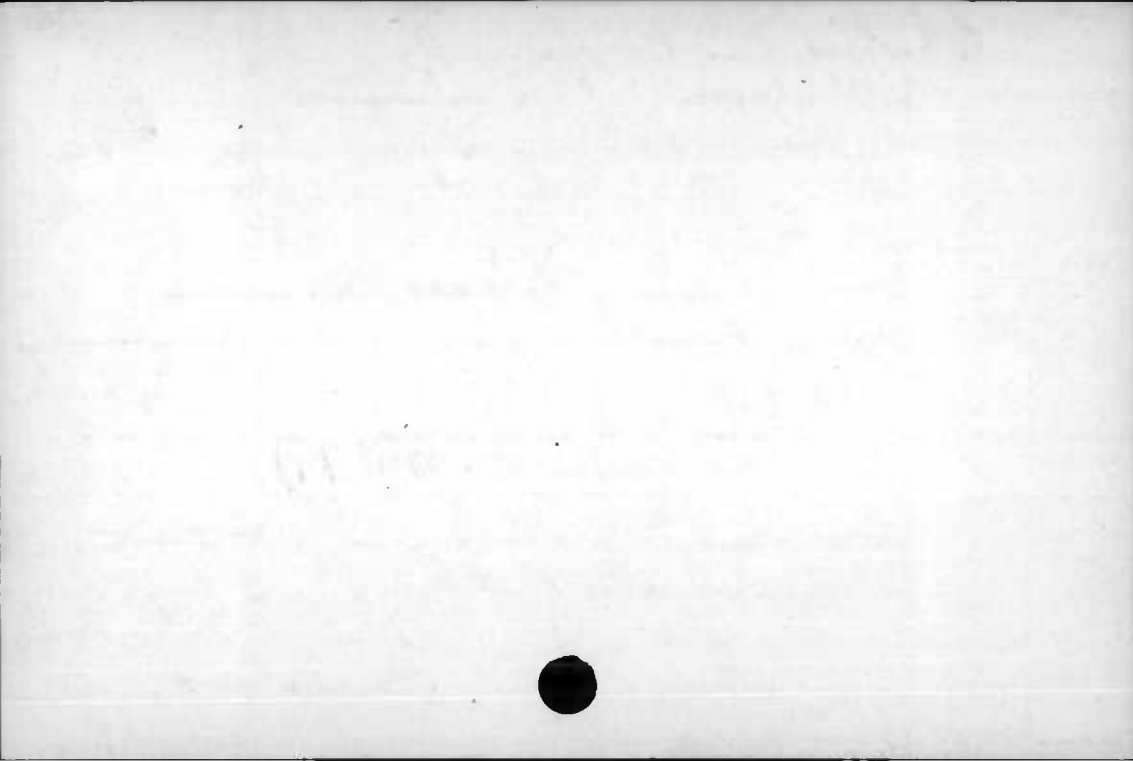
Died at Lydia, ^{Town}		Washington ^{County}		MARYLAND	
Date of death 1908 ^{Month}		23 ^{Day}	64 ^{Years}	10 ^{Months}	18 ^{Days}
Sex Female		Color or Race white		Birth-place W. Va.	
Occupation Housewife		Where Residing if not at place of death Lydia, Md			
Married, Single or Widowed Widow		Name of Wife or Husband Thomas J. Rice			
Father's Name Thomas J. Rice		Father's Birthplace W. Va.			
Mother's Maiden Name Lydia Houck		Mother's Birthplace W. Va.			
Name of person giving information Mellie Jordan		How related to deceased Daughter			

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary Cardiac Dilatation	How long 2 yrs
Immediate Cerebral Oedema	How long 7 days
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician B. M. Reichard
	Address Fairplay.
Accident or Suicide?	



Name in Full		Charles M. Kauffman.				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Zittletown	County Washington	MARYLAND		
		Date of death		1908	Month Jan.	Day 19 th	Age 57	Months 2
		Sex		Male		Color or Race	White	
		Occupation		Print. Worker		Birth-place	Maryland	
		Married, Single or Widowed		Married		Name of Wife or Husband Ellen Reuman.		
		Father's Name		James Kauffman.		Father's Birthplace	Maryland.	
		Mother's Maiden Name		Mary Brantley.		Mother's Birthplace	Maryland.	
Name of person giving information		Miford Kauffman		How related to deceased		Son.		
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; border: 1px solid black; border-radius: 50%; width: 50px; height: 50px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">50</div>								
PHYSICIAN OR CORONER		Primary				How long		
		Diabetes Mellitus				4 years.		
		Immediate				How long		
		Extreme Exhaustion Heart Failure				3 days.		
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
yes				J. Hubert, M.D., Md.				
				Address				
				Boonsboro.				
Accident or Suicide?						Maryland.		
No								

1875



1875

Name
in
Full

Martui L Kershner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Learysoss</u> <small>Town</small>		<u>Washington</u> <small>County</small>		MARYLAND	
Date of death	<u>1908</u> <small>Month</small>	<u>1</u> <small>Day</small>	<u>10</u> <small>Years</small>	<u>72</u> <small>Months</small>	<u>—</u> <small>Days</small>
Sex	<u>Male</u>		Color or Race	<u>White</u>	
Occupation	<u>Farmer</u>		Birth-place	<u>Ind</u>	
Married, Single or Widowed <u>Married</u>			Name of Wife or Husband <u>Mary Kershner</u>		
Father's Name <u>Daniel Kershner</u>			Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Nancy Westenberg</u>			Mother's Birthplace <u>Ind</u>		
Name of person giving information <u>Harry Kershner</u>			How related to deceased <u>Son</u>		

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<u>Merrie Parachyous Depente</u>	How long	<u>1 year</u>
Immediate	<u>Cardiac Failure</u>	How long	<u>1 day</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>B. W. DeGamon</u>	
Accident or Suicide? <u>No</u>		Address <u>Washington Ind</u>	

20th June 1871
Coppin

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Salem</u> Town <u>Washington</u> County		MARYLAND	
Date of death 190 <u>8</u> Month <u>1</u> Day <u>31</u>	Age <u>78</u> Years	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Ind</u>	
Occupation <u>Domestic</u>	Where Residing if not at place of death <u>Ind</u>		
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>Martin Kershner</u>		
Father's Name <u>Henry Miller</u>	Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Mary Lechner</u>	Mother's Birthplace <u>Pa</u>		
Name of person giving information <u>Mary Kershner</u>	How related to deceased <u>Daughter</u>		

CAUSES OF DEATH

164

PHYSICIAN
OR CORONER

Primary <u>Fracture Ulna Fracture & Central Hemiplegia</u>	How long <u>9 weeks</u>
Immediate <u>Exhaustion</u>	How long <u>9 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>B. M. Anderson</u>
	Address <u>Diagrams town, Md</u>
Accident or Suicide? <u>Yes</u>	

Spencer
Palmer

**TO BE ANSWERED BY
NEAREST FRIEND**

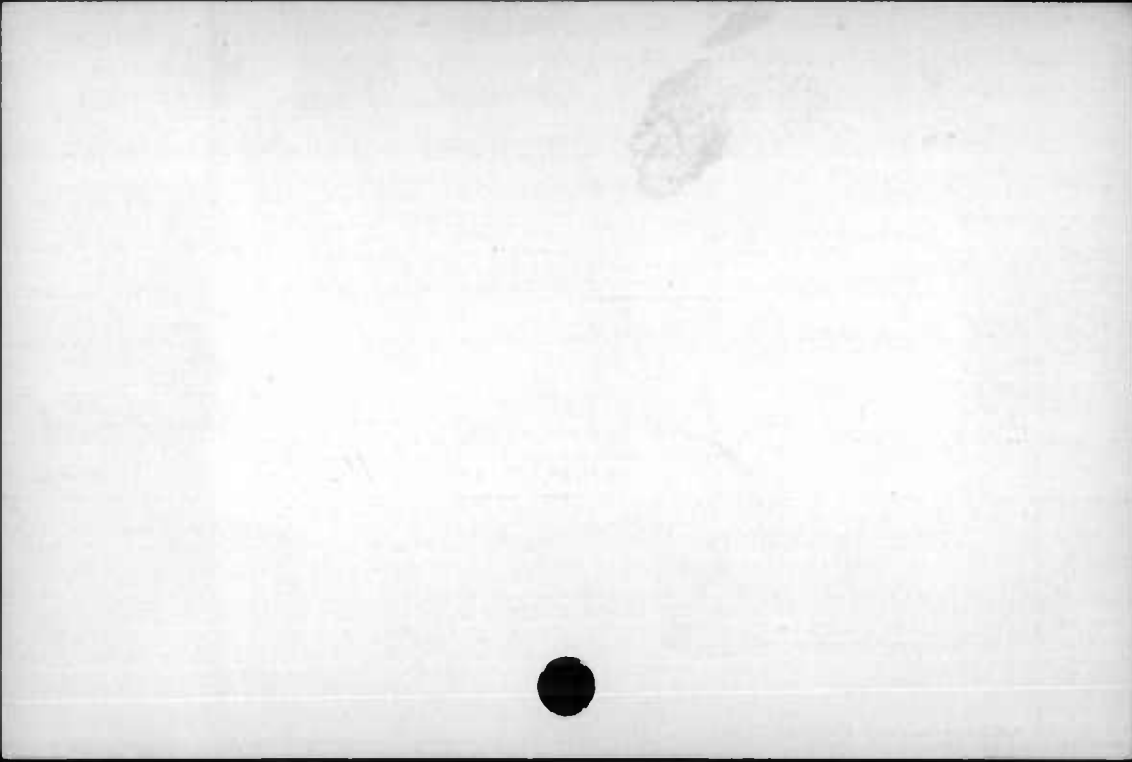
PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

CAUSES OF DEATH

112

Primary	Chronic of Liver	How long	Two years
Immediate	Exhaustion	How long	Five days
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician	<i>W. S. Richardson</i>
Accident or Suicide? <i>Accident</i>		Address	<i>Williamsport Md.</i>



Name
in
Full

Clara B. Lesher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

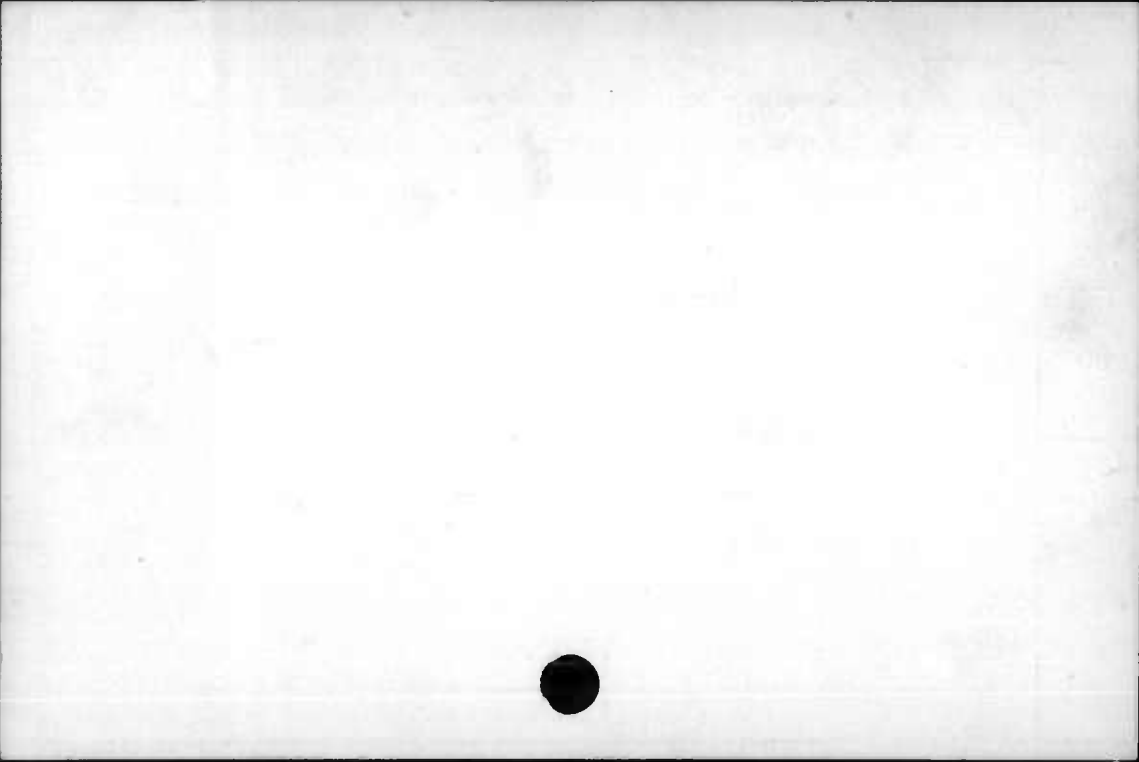
Died at		Town Hagerstown		County Washington		MARYLAND	
Date of death		1908	Month 1	Day 17	Age Years 5-8	Months 8	Days 3
Sex Female		Color or Race white		Birth- place			
Occupation Housewife		Where Residing if not at place of death					
Married, Single or Widowed Married		Name of Wife or Husband Jacob S. Lesher					
Father's Name Capt. Michael Grair		Father's Birthplace Pa					
Mother's Maiden Name Christian Carnes		Mother's Birthplace Pa					
Name of person giving In formation Jacob S. Lesher		How related to deceased Husband					

CAUSES OF DEATH

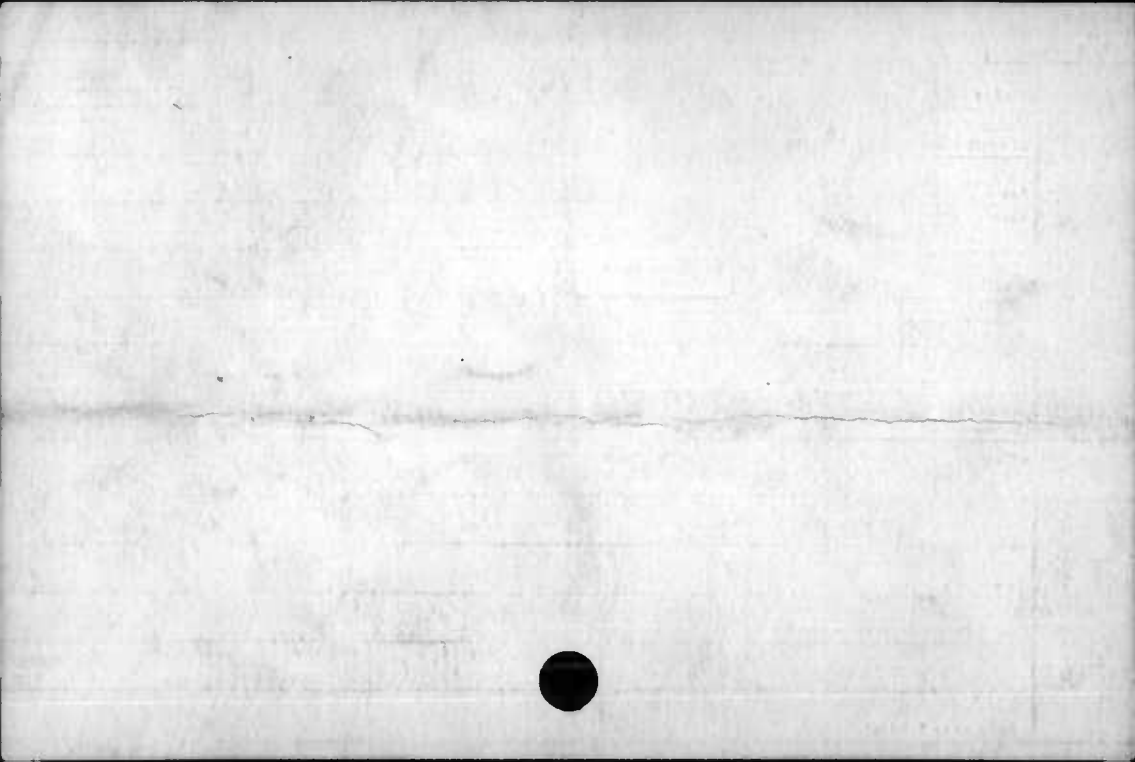
79

PHYSICIAN
OR CORONER

Primary	Mitral Regurgitation & Hypertrophy	How long	Three yrs
Immediate	Exhaustion		Six weeks
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. E. Pitman	
Address		Hagerstown Md	
Accident or Suicide?		—	



Name in Full Frank Foster Lewis		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Williamsport Town		Washington County
	Date of death 1908 Month January Day 1		Age 5 Years Months 5 Days 1
	Sex Female	Color or Race White	Birth-place Williamsport
	Occupation _____		Where Residing if not at place of death _____
	Married, Single or Widowed _____	Name of Wife or Husband _____	
	Father's Name R A Lewis	Father's Birthplace Keedyville	
	Mother's Maiden Name Effie Missima Holmes	Mother's Birthplace Fredk. Co. Md	
Name of person giving information R R Lewis		How related to deceased Father	
CAUSES OF DEATH 92			
PHYSICIAN OR CORONER	Primary Broncho Pneumonia -		How long 2 days
	Immediate Exhaustion		How long
	Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician V. E. Duille	
	Accident or Suicide? No	Address Hagerstown, Md.	



Name
In
Full

Daniel McHenry

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

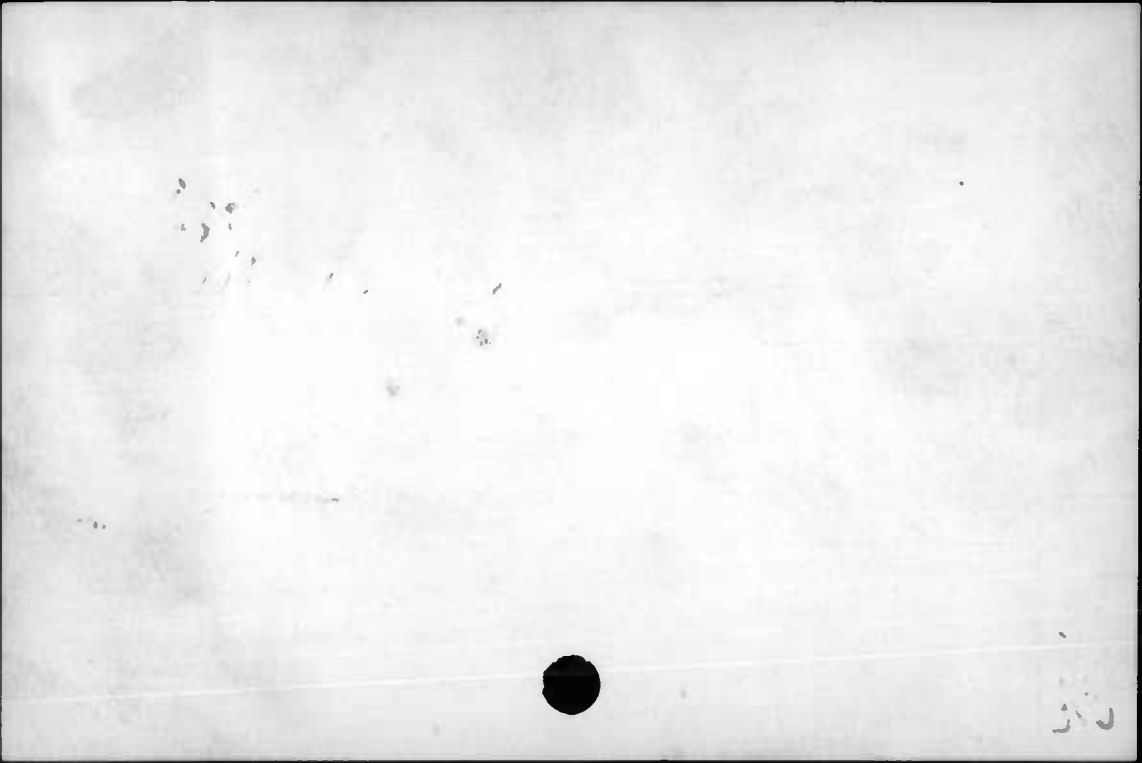
Died at		Town Bellvue		County Wash.		MARYLAND	
Date of death	1908	Month Jan	Day 18	Age 75	Years	Months	Days
Sex	Male		Color or Race	White		Birth- place	New Jersey
Occupation	Laborer		Where Residing if not at place of death		Bellvue		
Married, Single or Widowed	Married		Name of Wife or Husband	Emma McHenry			
Father's Name	Not. Known					Father's Birthplace	—
Mother's Maiden Name	Not. Known					Mother's Birthplace	—
Name of person giving In formation	David Hager					How related to deceased	None

CAUSES OF DEATH

29

PHYSICIAN
OR CORONER

Primary	Tubercular Pneumonia		How long	See No.
Immediate	Exhaustion		How long	—
Are the name, age, sex, color, date and place correctly given above?		YES	Signature of Physician	
NO.		Address W. B. Monson Hagerstown Md.		
Accident or Suicide?		NO.		



Name
in
Full

Mary E Martin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

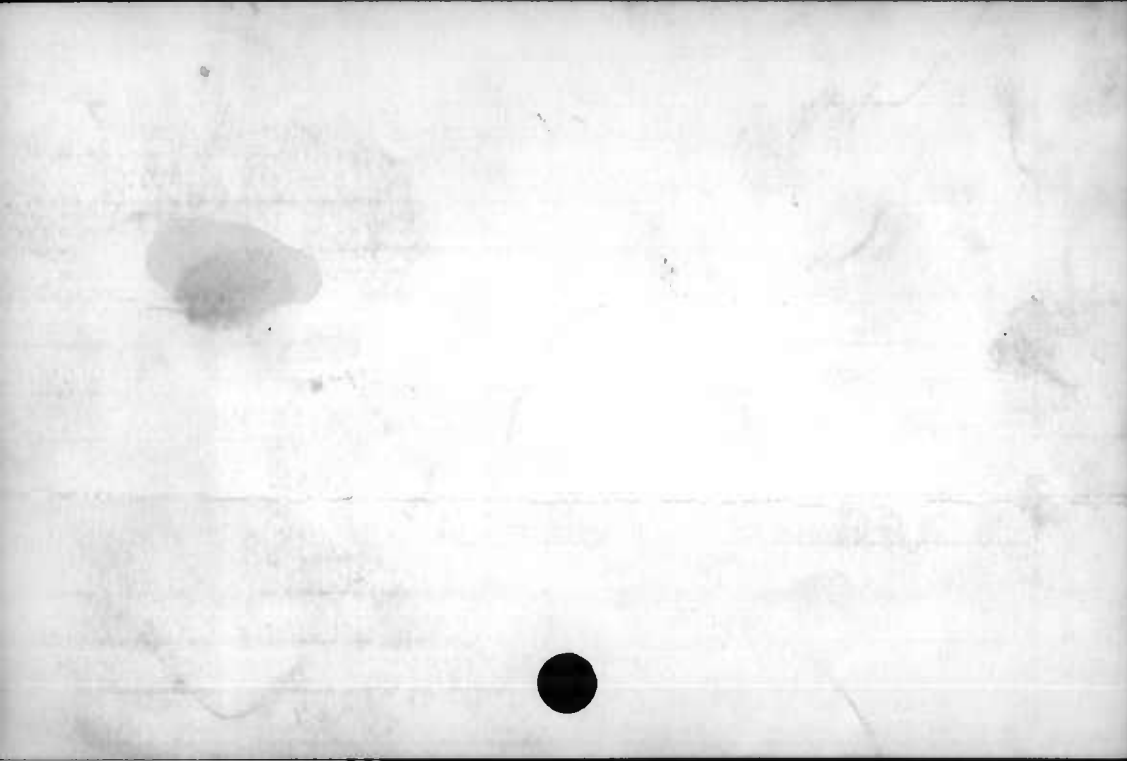
Died at <i>near</i> ^{Town} <i>Fredericktown</i> ^{County} <i>Washington</i>		MARYLAND			
Date of death 1908	Month <i>January</i>	Day <i>25</i>	Age <i>51</i> Years	Months <i>8</i>	Days <i>18</i>
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Frederick Co</i>			
Occupation <i>Housewife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>widow</i>	Name of Wife or Husband <i>Chas E. Martin</i>				
Father's Name <i>Joseph Alexander</i>	Father's Birthplace				
Mother's Maiden Name <i>Sarah Cain</i>	Mother's Birthplace				
Name of person giving Information <i>Belle Shateer</i>	How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

119

PHYSICIAN
OR CORONER

Primary <i>Acute Nephritis</i>	How long <i>Three weeks</i>
Immediate <i>Uremia</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Arthur L. Blessing</i>
	Address <i>Brownsville</i>
Accident or Suicide? <i>No</i>	



Name

In Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mrs Mary Madeline May

Town

County

Died at

Hagerstown

Washington

MARYLAND

Date

of death 1908

Month

1

Day

21

Years

Age

22

Months

3

Days

9

Sex

Female

Color or Race

White

Birth-place

Md

Occupation

Housewife

Where Residing if not at place of death

Married, Single or Widowed

Married

Name of Wife or Husband

Wm Henry May

Father's Name

John P. Lawrence

Father's Birthplace

Md

Mother's Maiden Name

Sarah E. Baker

Mother's Birthplace

Md

Name of person giving information

John P. Lawrence

How related to deceased

Father

CAUSES OF DEATH

137

PHYSICIAN
OR CORONER

Primary

Child-Birth

How long

4 hours

Immediate

Pyemia

How long

4 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

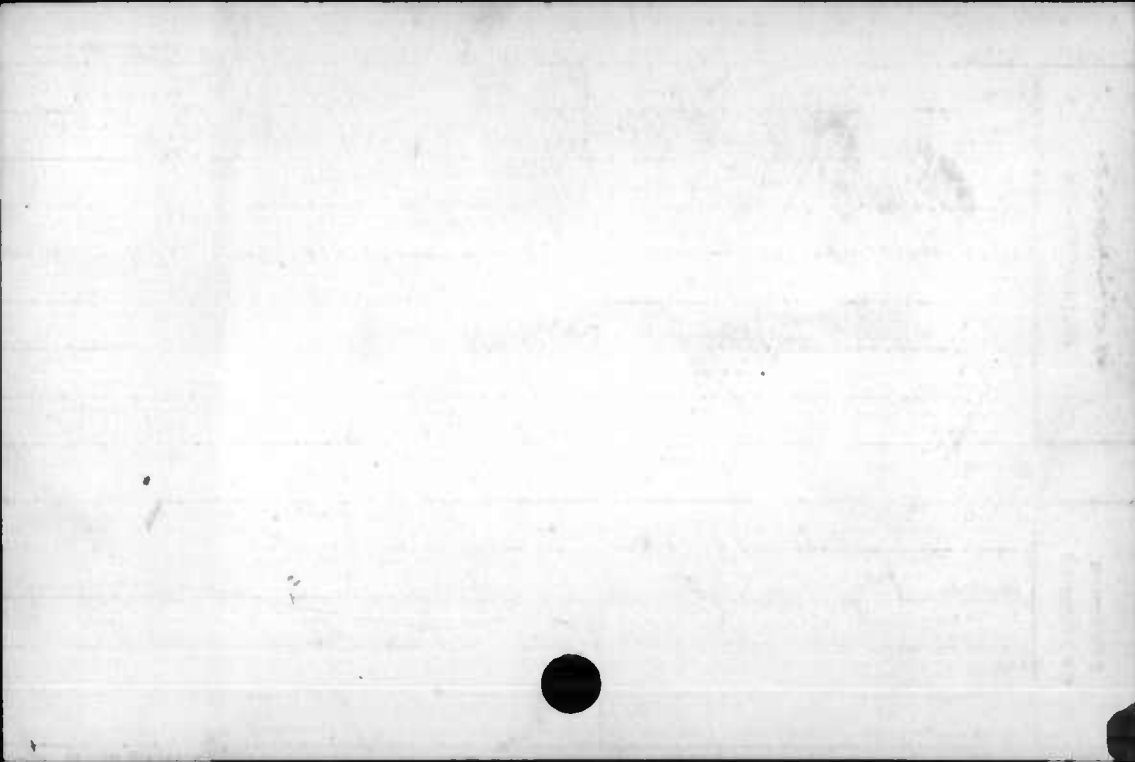
H. H. Den-

Address

Hagerstown

Md.

Accident or Suicide?



Name
in
Full

Not named in form. Minor, Jr.

CERTIFICATE OF DEATH

MARYLAND

Died at *Leitersburg* TownCounty *Wash.*Date
of death *1908*Month *Jan*Day *3*Age *—* YearsMonths *—*Days *3*Sex *Boy*Color or
Race *White*Birth-
place *Leitersburg*Occupation *Carpenter*Where Residing if not
at place of death *Leitersburg*~~Married~~; Single
~~or Widowed~~ *Single*Name of Wife or
HusbandFather's
Name *Wm. Minor*Father's
Birthplace *Hagerstown*Mother's
Maiden Name *Corrie Minor*Mother's
Birthplace *Leitersburg*Name of person giving
Information *Wm. Minor*How related
to deceased *Brother*

CAUSES OF DEATH

79

Primary

Vascular Disease

How long

5 days

Immediate

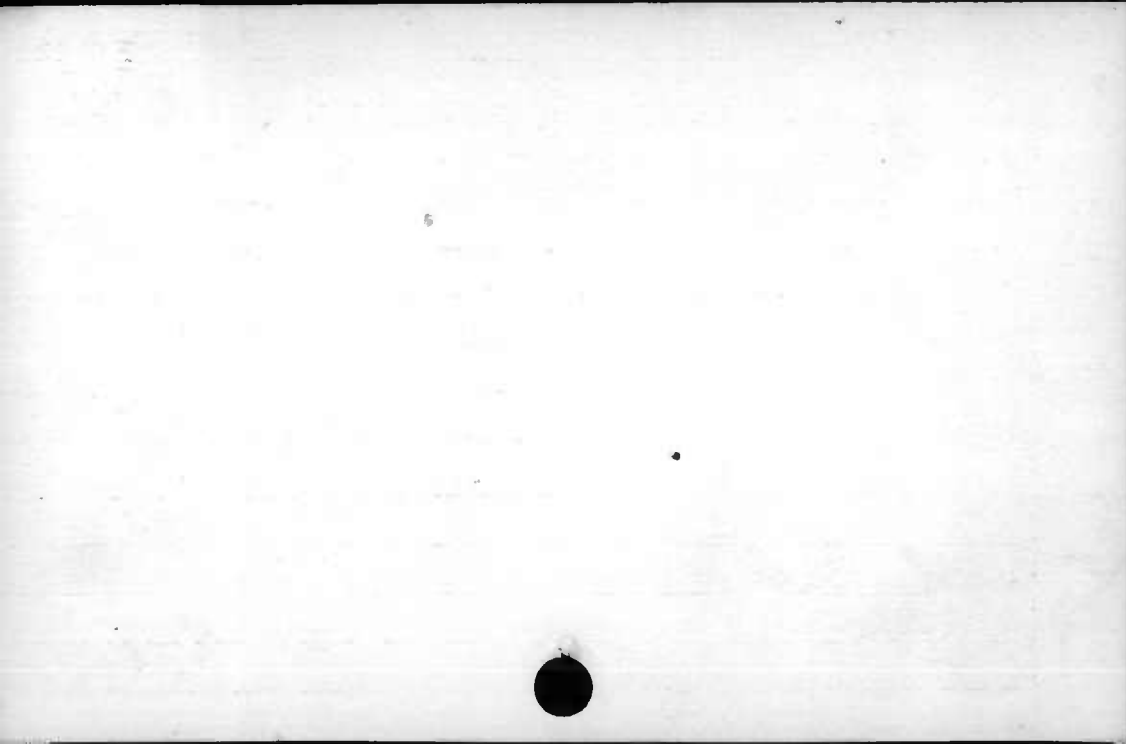
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

J. H. Wishard
Leitersburg
Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Cecil Brooke Craig Morgan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Hagerstown* ^{County} *Washington* **MARYLAND**

Date of death 190 ^{Month} *8* ^{Day} *1* ^{Years} *24* Age ^{Months} *3* ^{Days} *28*

Sex *Male* Color or Race *White* Birth-place *MD*

Occupation _____ Where Residing if not at place of death _____

Married, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formationHow related
to deceased

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary

How long

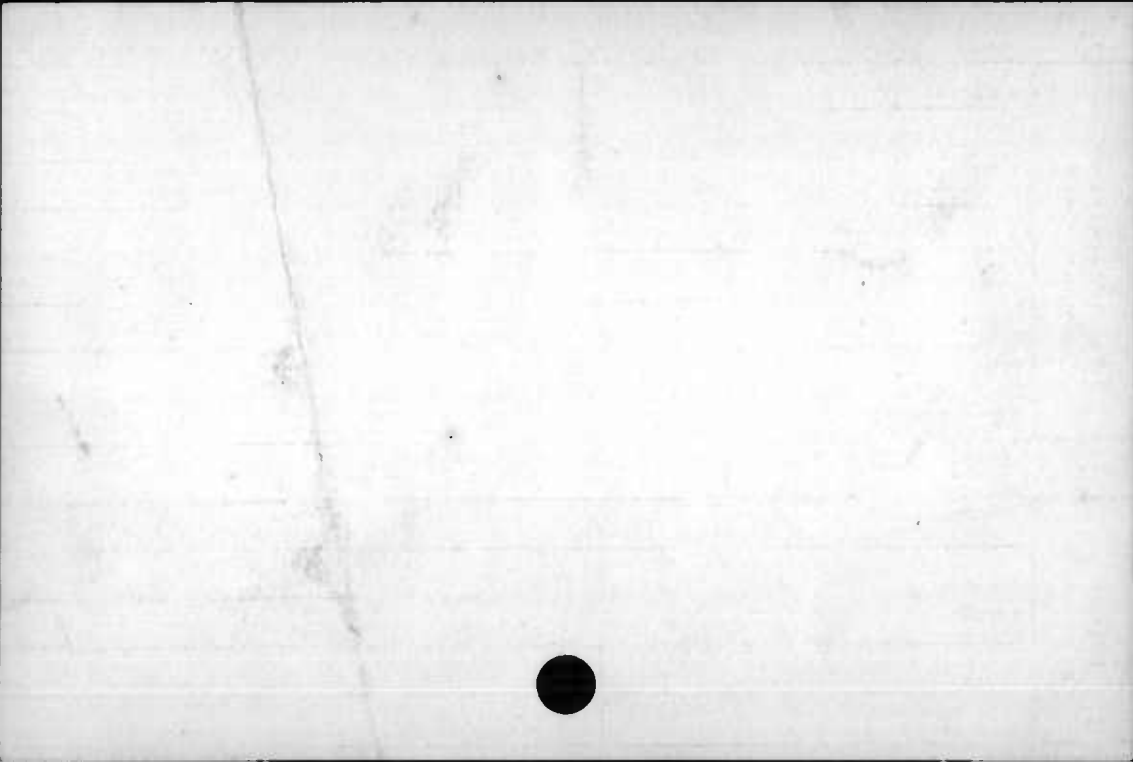
Immediate

How long

Are the name, age, sex, color, date
and place correctly given aboveSignature of
Physician

Address

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Adeline Eve Musselman</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Died at <i>Hagerstown</i>		Month <i>1</i>		Day <i>24</i>		Year <i>1908</i>	
Date of death <i>1908</i>		Age <i>88</i>		Months <i>4</i>		Days <i>27</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>Md</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Jacob Musselman</i>					
Father's Name <i>Philip Schindl</i>		Father's Birthplace <i>don't know</i>					
Mother's Maiden Name <i>Catharine Hade</i>		Mother's Birthplace <i>Ill. 11</i>					
Name of person giving Information <i>Cora Metzger</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary <i>Capillary Bronchitis</i>		How long <i>10 days</i>	
Immediate <i>Dyspnoea due to mucus</i>		How long <i>4 hrs</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>A. P. Frauffer</i>	
Address <i>Hagerstown Md</i>			
Accident or Suicide? <i>No</i>			

Matheus

Name
in
Full

Charles W. Nave

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Milliamspott		County Washington		MARYLAND	
Date of death		Month 1		Day 31		Age Years 5 Months 2 Days 2	
Sex Male		Color or Race White		Birth- place Milliamspott Md			
Occupation Child		Where Residing if not at place of death X					
Married, Single or Widowed Child		Name of Wife or Husband Child					
Father's Name Jos M Nave		Father's Birthplace Maryland					
Mother's Maiden Name Laura Shank		Mother's Birthplace Maryland					
Name of person giving In formation Jos M Nave		How related to deceased Father					

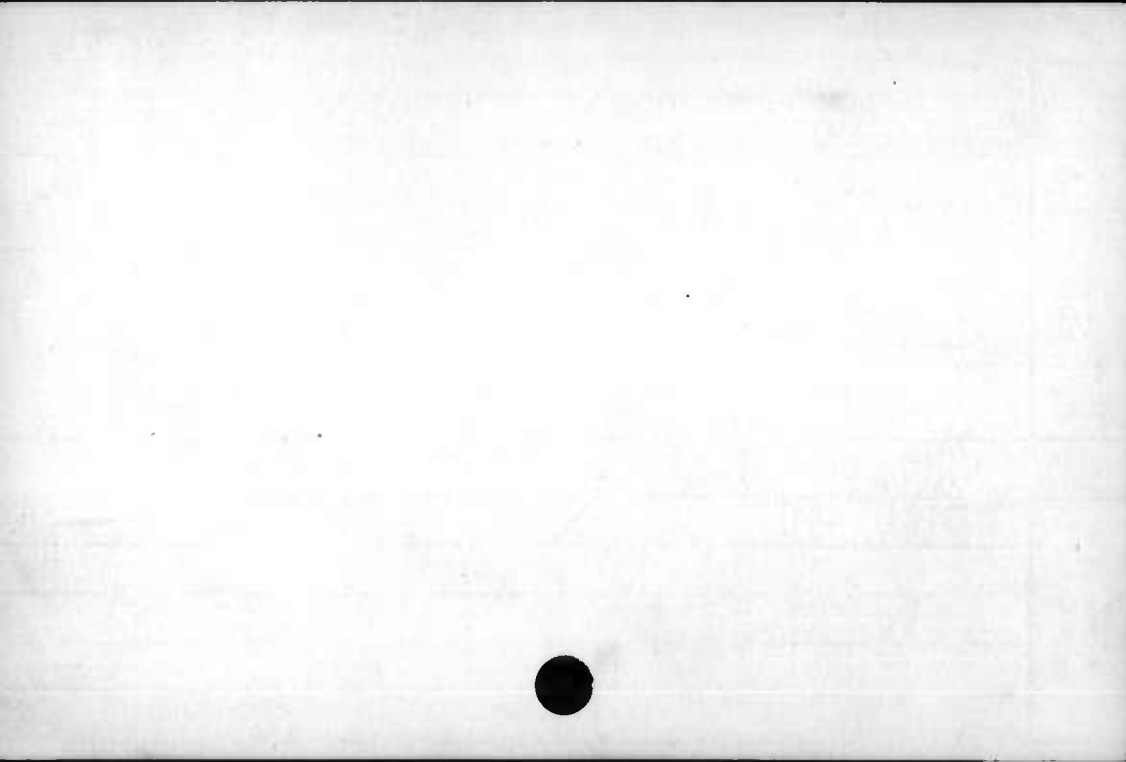
CAUSES OF DEATH

1571

PHYSICIAN
OR CORONER

Primary	Premature Birth	How long see note
Immediate	Prostration	How long see day -
Are the name, age, sex, color, date and place correctly given above? yes.		Signature of Physician W. Richardson
		Address Lansport Md
Accident or Suicide? No.		

Name in Full		Jessie Adaline Nichols				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Sandy Hook	County Washington		MARYLAND		
	Date of death		1908	Month Jan.	Day 28	Age Years	Months Days 1	
	Sex		Female		Color or Race	white		
	Occupation		infant		Birth-place	Sandy Hook		
			Where Residing if not at place of death		Sandy Hook			
	Married, Single or Widowed		Name of Wife or Husband					
	Father's Name		Jessie V. Nichols		Father's Birthplace			
Mother's Maiden Name		Lydia Adeline Mirley		Mother's Birthplace				
Name of person giving information		Jessie V. Nichols		How related to deceased			Father	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; border: 2px solid black; border-radius: 50%; padding: 5px; width: 60px; float: right;">120</div>								
PHYSICIAN OR CORONER	Primary		Mumic Poisoning			How long		1 day
	Immediate		Shasms			How long		2 hours
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		B. B. Ranson	
					Address		Harpers Ferry, W. Va.	
	Accident or Suicide?							



Name
in
Full

Eliza Nitzel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

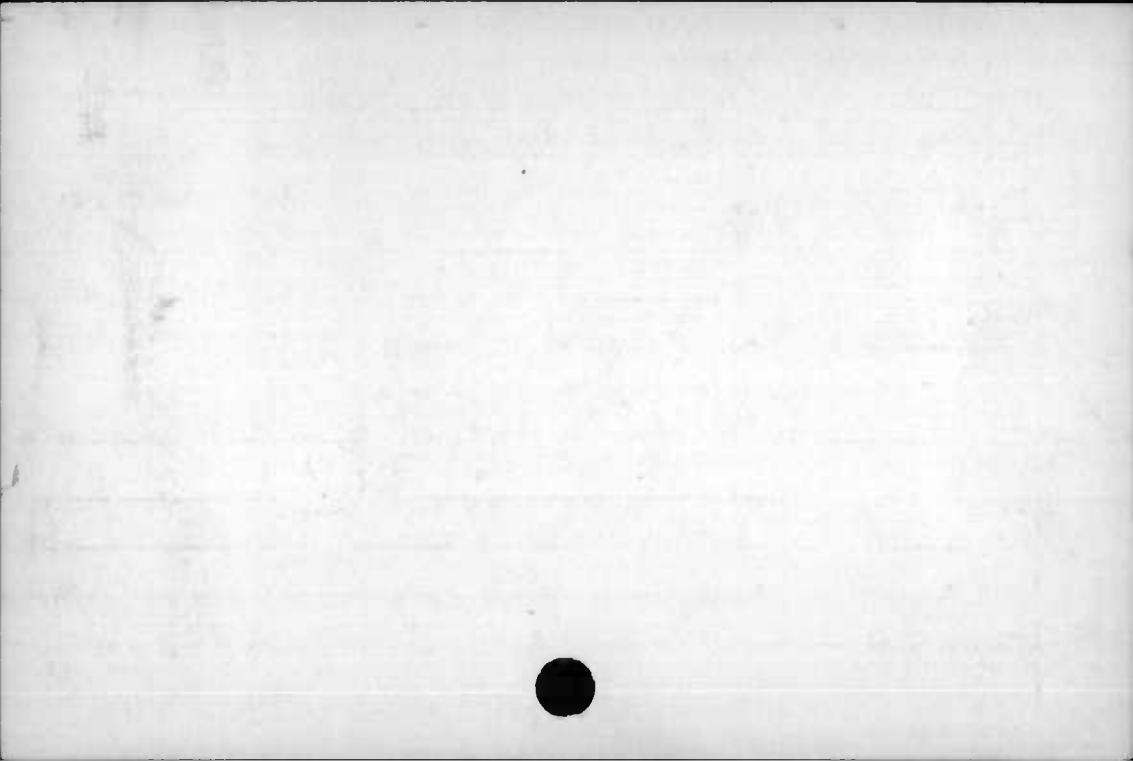
Died at		Town Williamsport		County Washington		MARYLAND	
Date of death		Month Jan	Day 16	Age 70	Months 11	Days 6	
Sex Female		Color or Race White		Birth-place Williamsport Md			
Occupation Taylorist		Where Residing if not at place of death " "					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name John H. Nitzel		Father's Birthplace " "					
Mother's Maiden Name Eliza Hammond		Mother's Birthplace " "					
Name of person giving information Wm Ardinger		How related to deceased Nephew					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Apoplexy & Heart Trouble	How long Six months
Immediate	Exhaustion	How long Two days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
Yes.		Address Wm. S. Richardson Williamsport Md
No.		
Accident or Suicide?		
No.		



Name
in
Full

Catherine Munanaker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Grimes</i>		County <i>Washington</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>1</i>	Day <i>13</i>	Years <i>73</i>	Months <i>3</i>	Days <i>15</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Adams Co. Pa</i>			
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Grimes</i>				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Jesse Munanaker</i>				
Father's Name <i>David Rhodes</i>	Father's Birthplace <i>Rock Co. Pa</i>				
Mother's Maiden Name <i>Catherine Harbough</i>	Mother's Birthplace <i>Fred Co Ind</i>				
Name of person giving information <i>Nettie Munanaker</i>	How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Organic Heart Disease</i>	How long <i>Years</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<i>YCS</i>	Signature of Physician <i>E. H. Garrett</i>
		Address <i>Shenandoah, Ind.</i>
Accident or Suicide?		

"From" M. C. Reichard "Undertaker,"
Fairplay. Md.

Please fill in and return
same

Dr. E. M. Garrett,
Sharpsburg. Md.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>San Francisco</i>		Town <i>Washington</i>		County		MARYLAND	
Date of death	1908	Month	January	Day	18	Age	57
Sex	Female	Color or Race	White	Birthplace	Pond's Bend		
Occupation	Housekeeper		Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband <i>Samuel H. Pope</i>					
Father's Name	<i>John Davis</i>					Father's Birthplace	<i>near Mauna</i>
Mother's Maiden Name	<i>Maria Art...</i>					Mother's Birthplace	<i>Mauna</i>
Name of person giving information	<i>Saml H Pope</i>					How related to deceased	<i>Husband</i>

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>One year</i>
Immediate	<i>Asthma</i>	How long	<i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Yes.	
Signature of Physician		<i>Dr. H. H. H. H.</i>	
Address		<i>St. Louis, Mo.</i>	
Accident or Suicide?			

Dear Mr. [unclear]
 I have just received your letter of the 10th inst.
 and am glad to hear that you are well.
 I am well at present and hope these few lines
 will find you the same.
 I have not much news to write at present.
 I am, Sir, very respectfully,
 Yours, [unclear]

Name
is
Full

Mary Ellen Pöker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Hagerstown

County Washington

Date
of death 1908

Month 1

Day 28

Age

Years 38

Months —

Days —

Sex Female

Color or
Race

White

Birth-
place

Md

Occupation

House work

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Hilliary Pöker

Father's
Name

Samuel Miner

Father's
Birthplace

Md

Mother's
Maiden Name

Don't know

Mother's
Birthplace

Md

Name of person giving
in formation

Hilliary Pöker

How related
to deceased

Husband

CAUSES OF DEATH

120

Primary

Brights Disease

How long

one year.

Immediate

Heart Failure

How long

2 weeks

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

R. Scheller.
Hagerstown.

Accident or Suicide

No.

Edgewood
New York

Name
in
Full

Levi Porter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

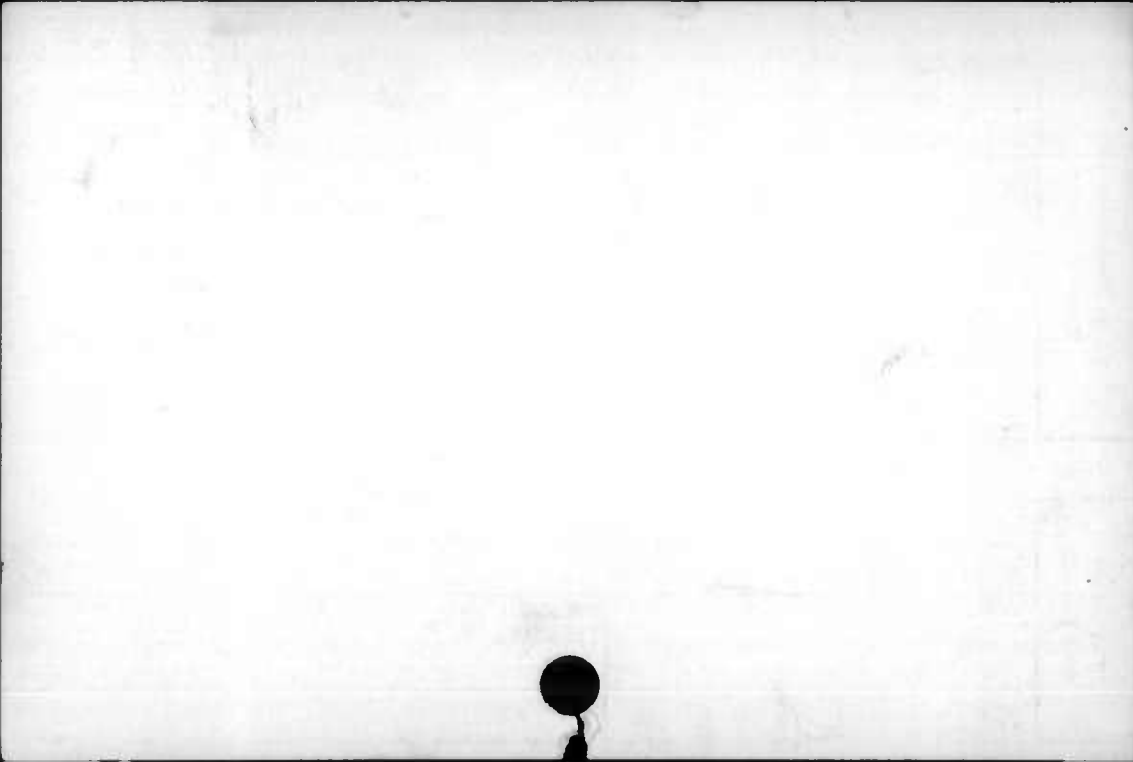
Died at <i>Haguetown</i>		County <i>Washington</i>		MARYLAND	
Date of death	1908	Month	18	Day	18
Age	52	Years	3	Months	14
Sex	Male	Color or Race	white	Birth-place	Md
Occupation	Merchant		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Mollie Porter		
Father's Name	Chas. W. Porter	Father's Birthplace	Md		
Mother's Maiden Name	Mary Stippler	Mother's Birthplace	Md		
Name of person giving information	Mollie Porter		How related to deceased		
			Wife		

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary	<i>La grippe</i>	How long	<i>one week</i>
Immediate	<i>Exhaustion</i>	How long	<i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>E. J. Harbison</i>
		Address	<i>Haguetown Md</i>
Accident or Suicide?			



Name in Full		Edith A Roach				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Hagerstown	County Wash.		STATE MARYLAND		
		Date of death		1908	Month Jan	Day 6	Age 36	Months 2	Days 14
		Sex		Female		Color or Race white		Birth-place Md.	
		Occupation		Lady of Leisure		Where Residing if not at place of death			
		Married, Single or Widowed		single		Name of Wife or Husband			
		Father's Name		Charles E. Roach			Father's Birthplace Md.		
		Mother's Maiden Name		Alice V. Rowland			Mother's Birthplace "		
Name of person giving information		Chas E. Roach			How related to deceased father.				
<div style="text-align: center;">CAUSES OF DETH</div> <div style="text-align: right; font-size: 2em; border: 1px solid black; border-radius: 50%; padding: 5px;">118</div>									
PHYSICIAN OR CORONER		Primary		Chronic appendicitis		How long 2 yrs			
		Immediate		Eth anstome		How long 24 hours			
		Are the name, age, sex, color, date and place correctly given above?		yr		Signature of Physician E. A. Markham			
		Accident or Suicide?		9		Address Hagerstown Md			

11/11/11

11/11/11

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

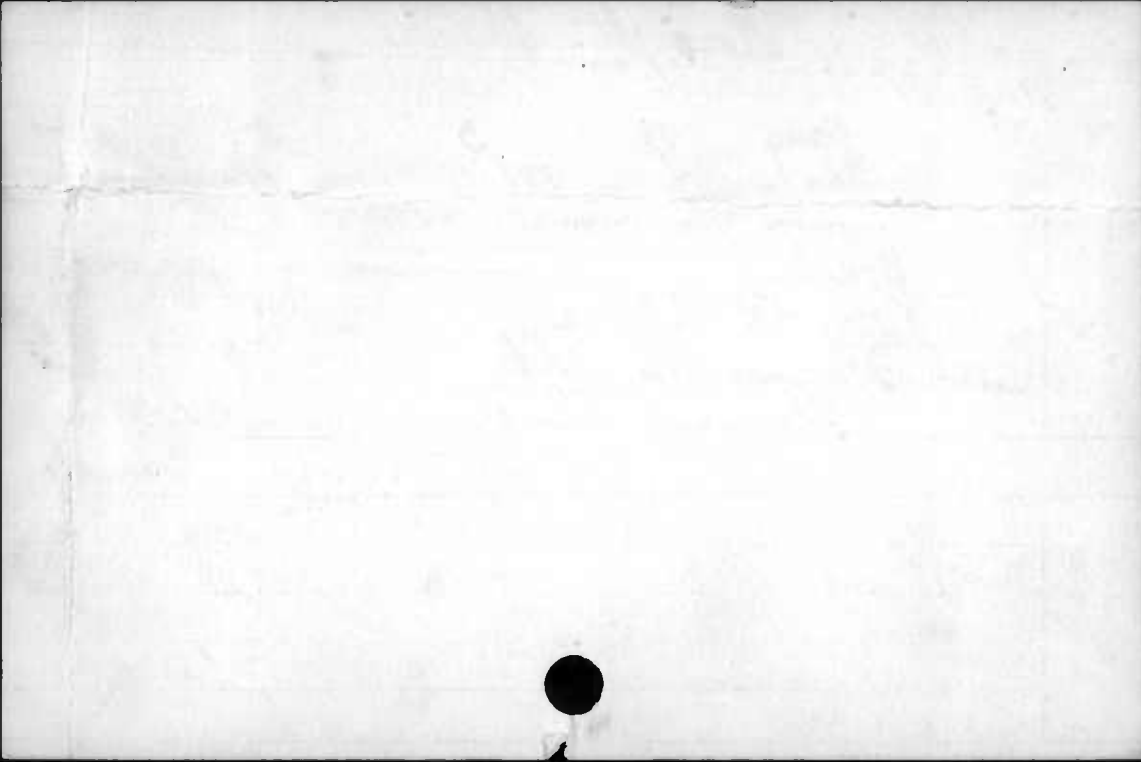
Name in Full <i>John W. Roby</i>		Town <i>Peare</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Peare</i>		Month <i>Jan</i>		Day <i>22</i>		Years <i>21</i>	
Date of death <i>1908</i>		Months <i>1</i>		Days <i>22</i>		Age <i>21</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Little Orleans</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Peare</i>					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Wife dead Annie Roby</i>					
Father's Name <i>Issac Roby</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Un Known</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Joe Exline</i>		How related to deceased <i>Son-in-law</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>16 yrs</i>
Immediate <i>Dysentery</i>	How long <i>14 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. E. Gabler</i>
	Address <i>Hancock, Mo.</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Theodore Roosevelt Shorer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Williamsport		County Washington		MARYLAND	
Date of death		1908	Month January	Day 4	Age 3	Years 5	Months 25
Sex		Male		Color or Race White		Birth-place Williamsport Md	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		John R Shorer				Father's Birthplace Tellmuntown Md	
Mother's Maiden Name		Florence E Obits				Mother's Birthplace Williamsport Md	
Name of person giving information		Florence E Shorer				How related to deceased Mother	

CAUSES OF DEATH

7

PHYSICIAN
OR CORONER

Primary	Ulcers of throat following severe Prostration		How long Three days
Immediate	Prostration		How long one night
Are the name, age, sex, color, date and place correctly given above?		yes.	Signature of Physician W. S. Richardson
			Address Williamsport Md.
Accident or Suicide?		yes.	

31
11
21
25

1111

11 11

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mrs. Margaret Smith

MARYLAND

Died at *Hagerstown*

County

Wash.

Date

of death *1908*

Month

Jan

Day

23

Years

Age

40

Months

Days

Sex

*female*Color or
Race*white*Birth-
place*md.*

Occupation

*H. W.*Where Residing if not
at place of deathMarried, Single
or Widowed*widow*Name of ~~Widow~~
Husband*Eugene Smith*Father's
Name*William Eddins*Father's
Birthplace*Pa.*Mother's
Maiden Name*Catherine Glenn*Mother's
Birthplace*Va.*Name of person giving
Information*Mrs Arthur Garver*How related
to deceased*sister*

CAUSES OF DEATH

27

Primary

Pulmonary Tuberculosis

How long

1 year (?)

Immediate

Exhaustion

How long

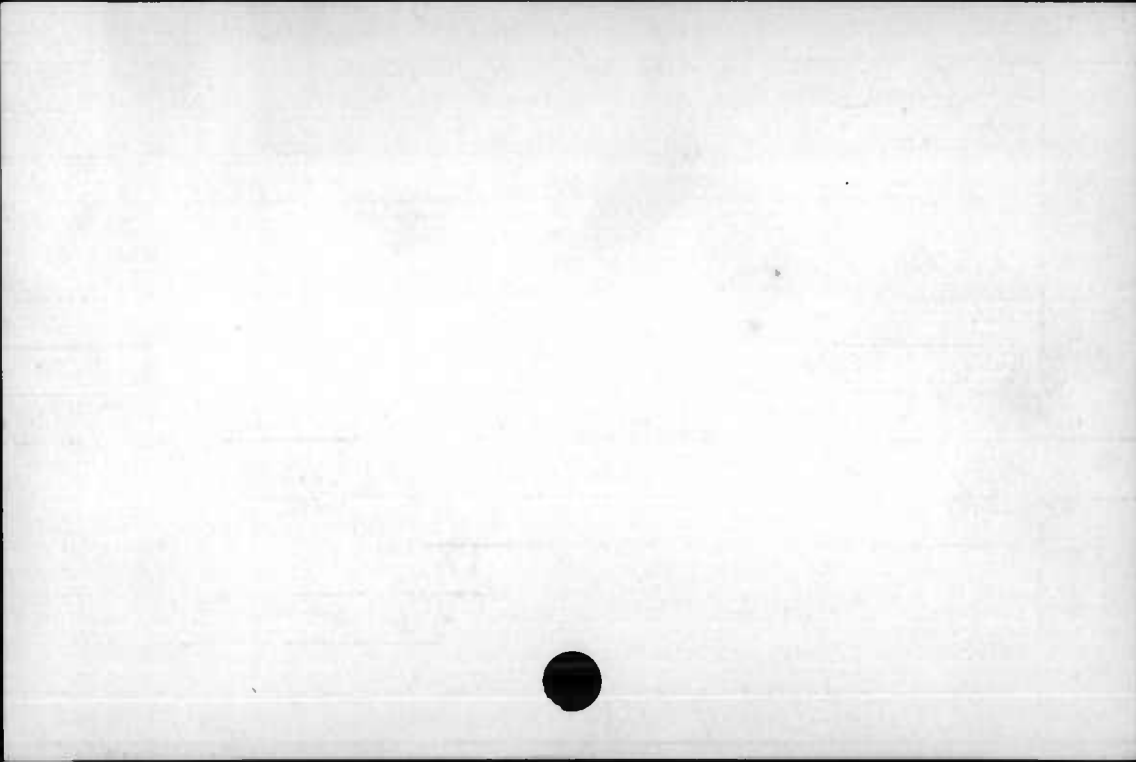
*3 months*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*John D. Smith*

Address

104 E. Main St. Md.

Accident or Suicide?

No



Name
in
Full

William H. Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	Month <i>1</i>	Day <i>5</i>	Age <i>42</i>	Months <i>10</i>	Days <i>24</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place		
Occupation <i>Baker</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Maggie A. Mentzer</i>				
Father's Name <i>Julius Smith</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Rosanna Smith</i>	Mother's Birthplace <i>Germany</i>				
Name of person giving information <i>Maggie Smith</i>	How related to deceased <i>Wife</i>				

CAUSES OF DEATH

26

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis of lungs</i>	How long <i>several months</i>
Immediate <i>Exhaustion</i>	How long <i>four weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>C. H. W. Dague</i>
<i>9</i>	Address <i>Hagerstown Md</i>
Accident or Suicide?	

Watkins

Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> ^{Town}		<i>Washington</i> ^{County}		MARYLAND	
Date of death <i>1908</i> ^{Month} <i>1</i> ^{Day} <i>6</i> ^{Years} <i>—</i>		Age <i>—</i>		Months <i>—</i> Days <i>3</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>md</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Daniel H Snyder</i>		Father's Birthplace <i>md</i>			
Mother's Maiden Name <i>Jelpha Bailey</i>		Mother's Birthplace <i>Pa</i>			
Name of person giving information <i>Jacob Snyder</i>		How related to deceased <i>Grandfather</i>			

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary	<i>Convulsions</i>	How long	<i>—</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>—</i>	Signature of Physician	<i>L. M. Zimmerman</i>
		Address	<i>Hagerstown md</i>
Accident or Suicide?	<i>—</i>		

Coffman
Beno Creek

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Sarah C Southgate</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Died at <i>Hagerstown</i>		Month <i>1</i>		Day <i>9</i>		Years <i>64</i>	
Date of death <i>1908</i>		Month <i>1</i>		Day <i>9</i>		Years <i>64</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>			
Occupation <i>House work</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Chas Southgate</i>					
Father's Name <i>John Buchanan</i>		Father's Birthplace <i>Scotland</i>					
Mother's Maiden Name <i>Sarah Lybse</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>Mrs Theodore Embrey</i>		How related to deceased <i>Sister</i>					

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary <i>Easptis</i>	How long <i>2 hours</i>
Immediate <i>Angina Pectoris</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W B Morrison</i>
Address <i>Hagerstown Ind.</i>	
Accident or Suicide? <i>no</i>	

Salem
Cape

Name
in
Full

Charles E Steward

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town		<i>Wesley</i>		County		MARYLAND	
Date of death <i>1908</i>		Month <i>1</i>		Day <i>1</i>		Age <i>20</i>		Years <i>3</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>md</i>		Months		Days <i>1</i>	
Occupation <i>Laborer</i>				Where Residing if not at place of death <i>md</i>					
Married, Single or Widowed <i>Single</i>				Name of Wife or Husband <i>md</i>					
Father's Name <i>Ashbury Steward</i>				Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Emma Barman</i>				Mother's Birthplace <i>md</i>					
Name of person giving information <i>Emma Steward</i>				How related to deceased <i>Mother</i>					

CAUSES OF DEATH

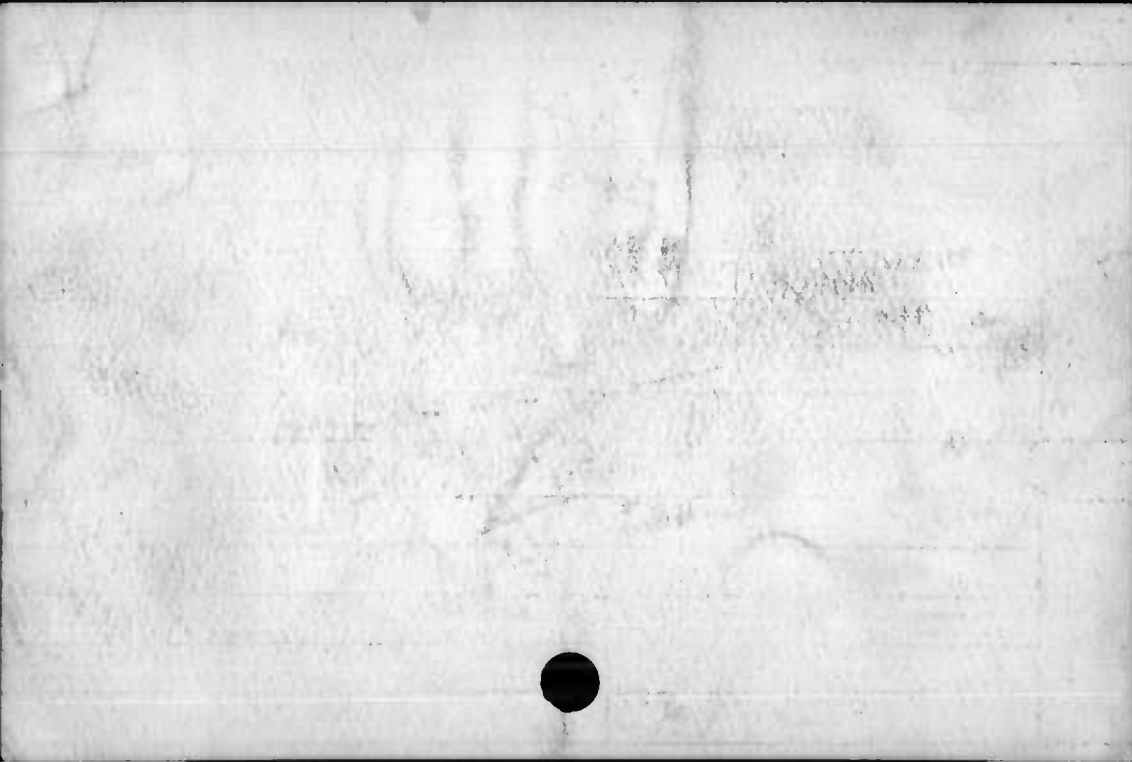
54

PHYSICIAN
OR CORONER

Primary <i>Pernicious anemia</i>		How long <i>6 mo.</i>	
Immediate <i>Extreme debility</i>		How long <i>1 week</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>A. B. Wilson M.D.</i>	
Accident or Suicide? <i>no</i>		Address <i>302 - N. Jonathan St. Hagerstown Md.</i>	

^c
Halfway-

Name in Full		TOWN				COUNTY		STATE			
J. Stitzel		Clearspring				Washington		MARYLAND			
Died at		Date of death		Month	Day	Age	Years	Months	Days		
1908		July		11		79		11		17	
Sex		Color or Race		Birth-place							
Male		White		Pa.							
Occupation		Where Residing if not at place of death									
Farmer											
Married, Single or Widowed		Name of Wife or Husband									
Married		Catherine A. Bishop									
Father's Name		Father's Birthplace									
Geo. Stitzel		Maryland									
Mother's Maiden Name		Mother's Birthplace									
Mrs. Brown		—									
Name of person giving information		How related to deceased									
Mr. Stitzel		—									
CAUSES OF DEATH											
66											
Primary		How long									
Paralysis		One year									
Immediate		How long									
Heart failure		Three days									
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician									
Yes		Abraham Shank									
		Address									
		Clearspring									
		Washington Co.									
Accident or Suicide?											
No											



Name
in
Full

Albert S Luman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Bagertown Town Washington County MARYLAND

Date of death 1908 Month 1 Day 14 Age 90 Years Months 24 Days

Sex Male Color or Race White Birthplace MD

Occupation Carpenter Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Hellen Hartman

Father's Name Conrad Luman Father's Birthplace MD

Mother's Maiden Name Mary Lanty Mother's Birthplace

Name of person giving information Isaac B Luman How related to deceased Son

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary Lt. major How long 1 week

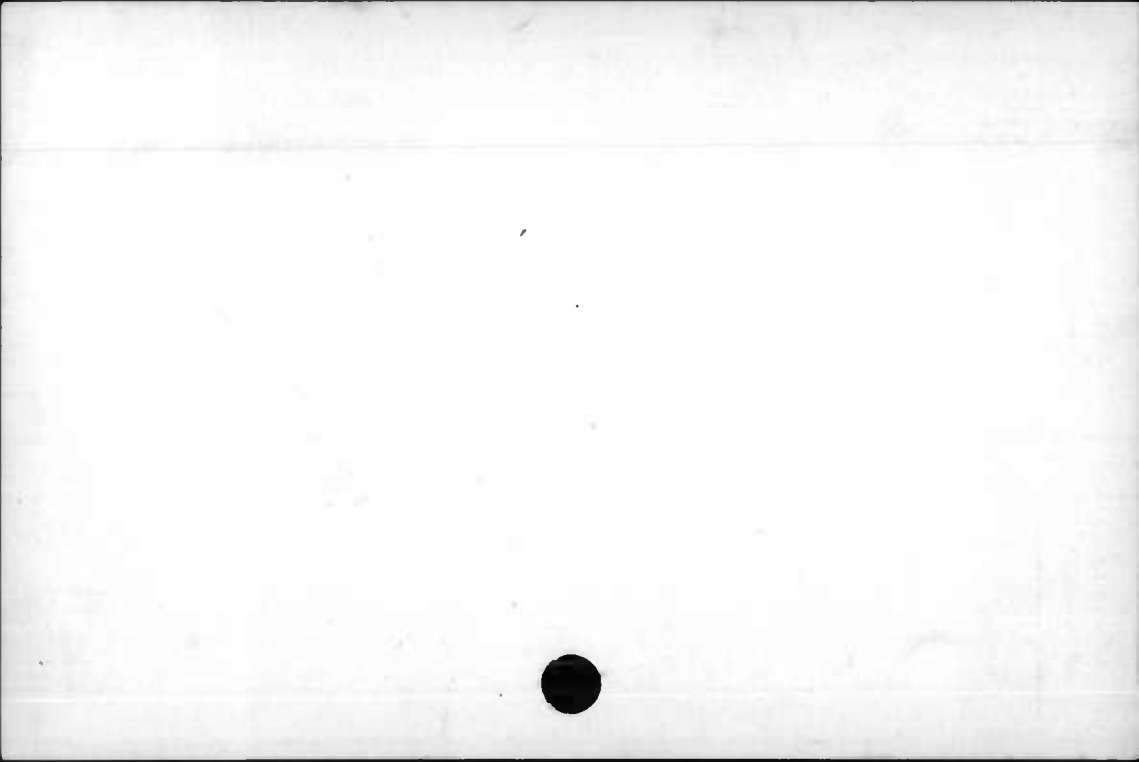
Immediate Senility & Exhaustion How long 24 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician E. C. Markham

Address 104 1/2 1st St. N.E.

Accident or Suicide? No



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

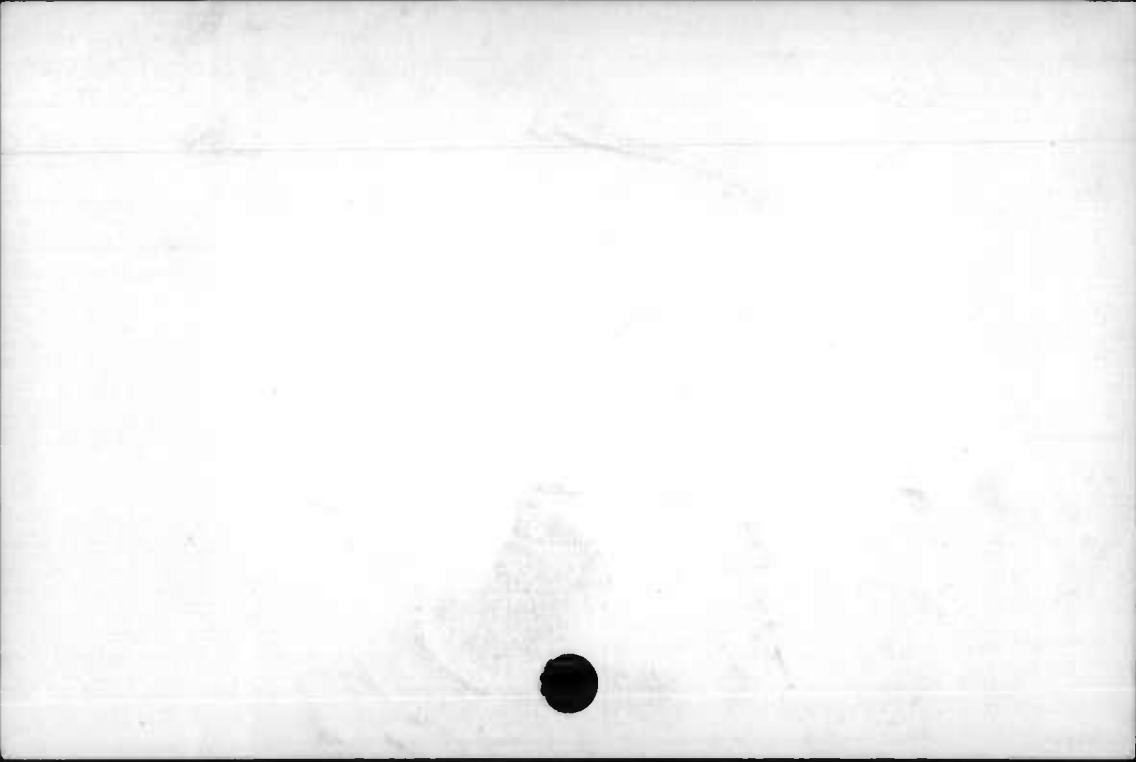
Name in Full <i>Helen R. Suman</i>		Town <i>Bagertown</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Died at <i>Bagertown</i>		Month <i>1</i>		Day <i>18</i>		Years <i>70</i>	
Date of death <i>1908</i>		Month <i>1</i>		Day <i>18</i>		Years <i>70</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>		Months <i>13</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Albert Suman</i>					
Father's Name <i>Benjamin Hartman</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Rosanna Bell</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>Julia Hartman</i>		How related to deceased <i>Sister</i>					

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary <i>Laryngitis & Pneumonia</i>	How long <i>10 days</i>
Immediate <i>Catheterization</i>	How long <i>12 hr</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. C. Frankham</i>
	Address <i>Bagertown</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Lewis E Sumner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Keadysville* ^{County} *Washington* ^{State} *MARYLAND*
Date of death *1908* ^{Month} *1* ^{Day} *26* ^{Years} *67* ^{Months} *7* ^{Days} *21*
Sex *Male* Color or Race *White* Birth-place *Fredrick Co*
Occupation *Cabinet-Maker and Undertaker* Where Residing if not at place of death *Keadysville Md*
^{Married, Single or Widowed} *Married* Name of Wife or Husband *Sarah E Sumner*
Father's Name *Emanuel Sumner* Father's Birthplace *Ford Co*
Mother's Maiden Name *Annie Long* Mother's Birthplace *Ford Co*
Name of person giving information *Clarence L Sumner* How related to deceased *Son*

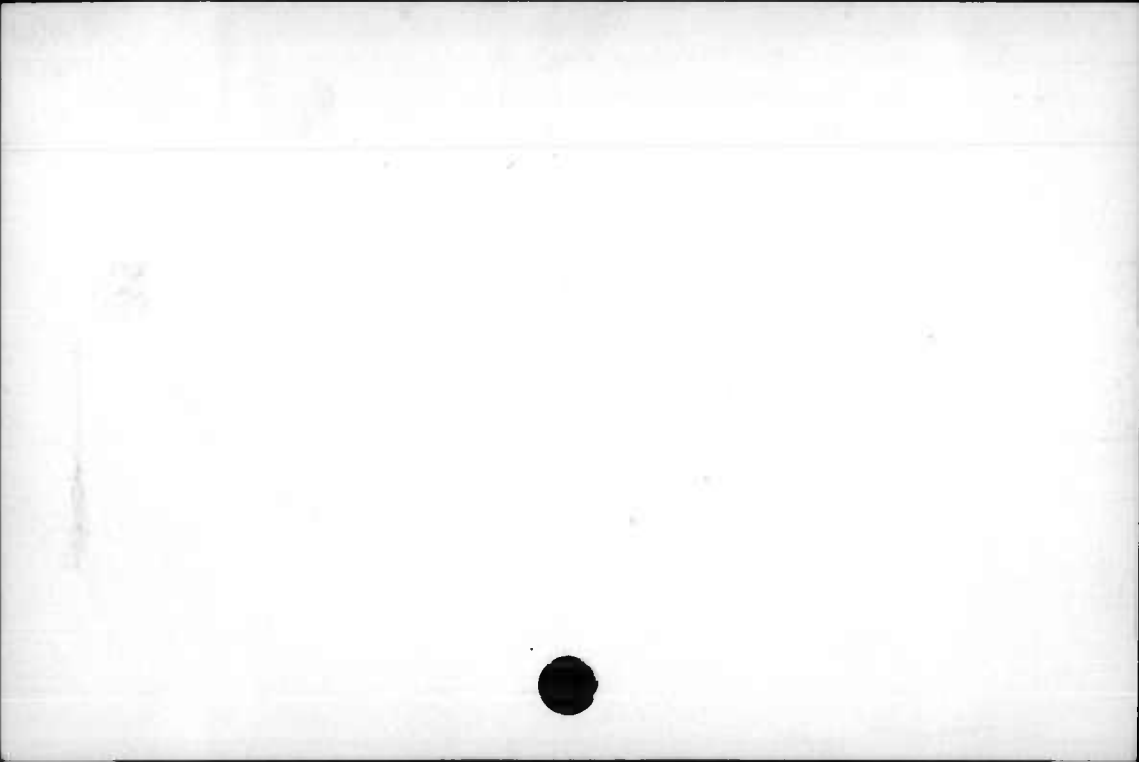
Epithelioma of nasal mucous membrane

CAUSES OF DEATH

45

PHYSICIAN
OR CORONER

Primary *Catarhal Inflammation* How long *3 years*
Immediate *Septic Infection* How long *2 years*
Are the name, age, sex, color, date and place correctly given above? *Yes*
Signature of Physician *W. M. Nicks*
Address *Keadysville Md*
Accident or Suicide?



Name
in
Full

H. Taggart

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Chestowne</i>		County <i>Washington</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>1</i>	Day <i>16</i>	Age <i>90</i>	Months <i>9</i>	Days <i>11</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Mc Geon</i>		
Occupation <i>Farm</i>		Where Residing if not at place of death <i>Chestowne</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>H. Taggart</i>				
Father's Name <i>Jessie Taggart</i>	Father's Birthplace <i>Lancaster Co Pa</i>		Mother's Birthplace <i>Lancaster Co Pa</i>		
Mother's Maiden Name <i>Miss Hancock</i>	Name of person giving information <i>Mrs Josiah Brown</i>		How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary <i>General Debility</i>	How long <i>One month</i>
Immediate <i>Heart Failure</i>	How long <i>Instant</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. M. H. Sawyer</i>
<i>Filed 1908</i>	Address <i>Smithsburg</i>
Accident or Suicide? <input type="checkbox"/>	



Name in Full *Fannie Thomas*

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

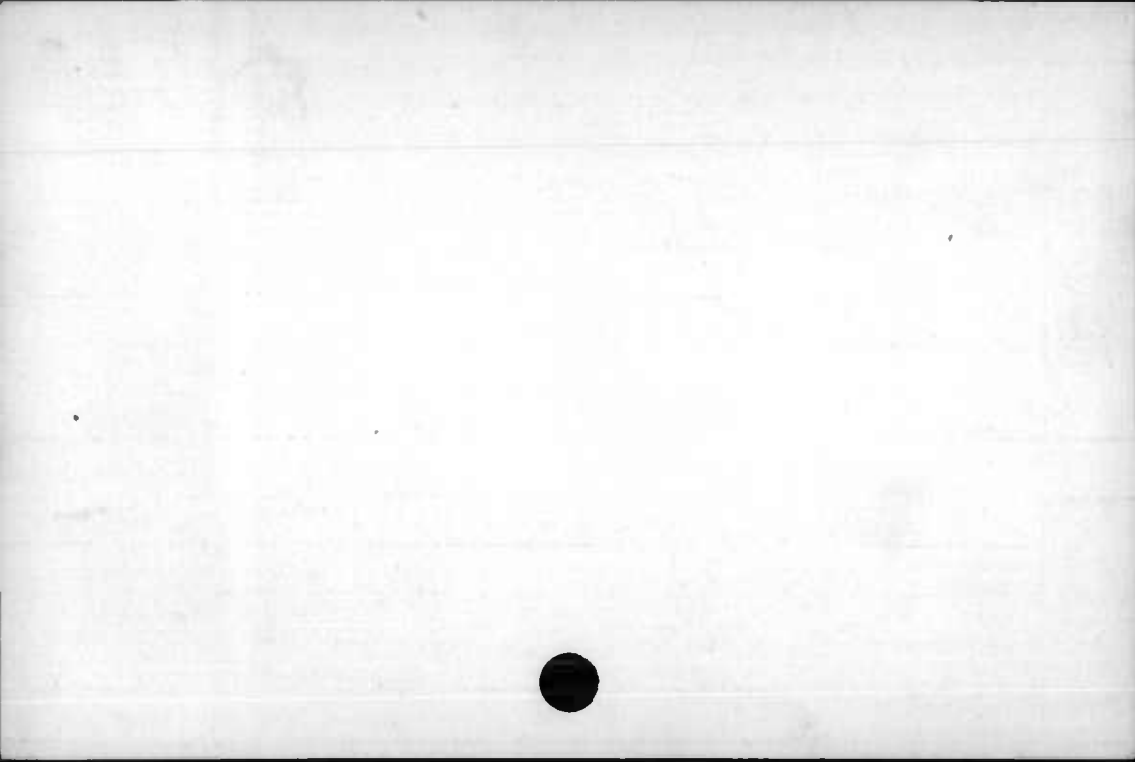
Died at <i>Hagerstown</i>		County <i>Wash.</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Jan</i>	Day <i>4</i>	Age <i>30</i>	Months	Days
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Penna.</i>		
Occupation <i>housekeeper</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>single</i>	Name of Wife or Husband				
Father's Name <i>Joseph F. Thomas</i>	Father's Birthplace <i>Penna.</i>		Mother's Birthplace <i>Not known</i>		
Mother's Maiden Name <i>Not known</i>	Name of person giving information <i>Mrs Ed. M. Updegraff</i>		How related to deceased <i>wife</i>		

CAUSES OF DEATH

129

PHYSICIAN
OR CORONER

Primary <i>Large Fibroid Uterus</i>	How long <i>for yrs</i>
Immediate <i>Exhaustion following hysterectomy</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. C. Warkum</i>
	Address <i>Hagerstown Md</i>
Accident, or Suicide?	



Name
in
Full

Glady's Irene Wolfinger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

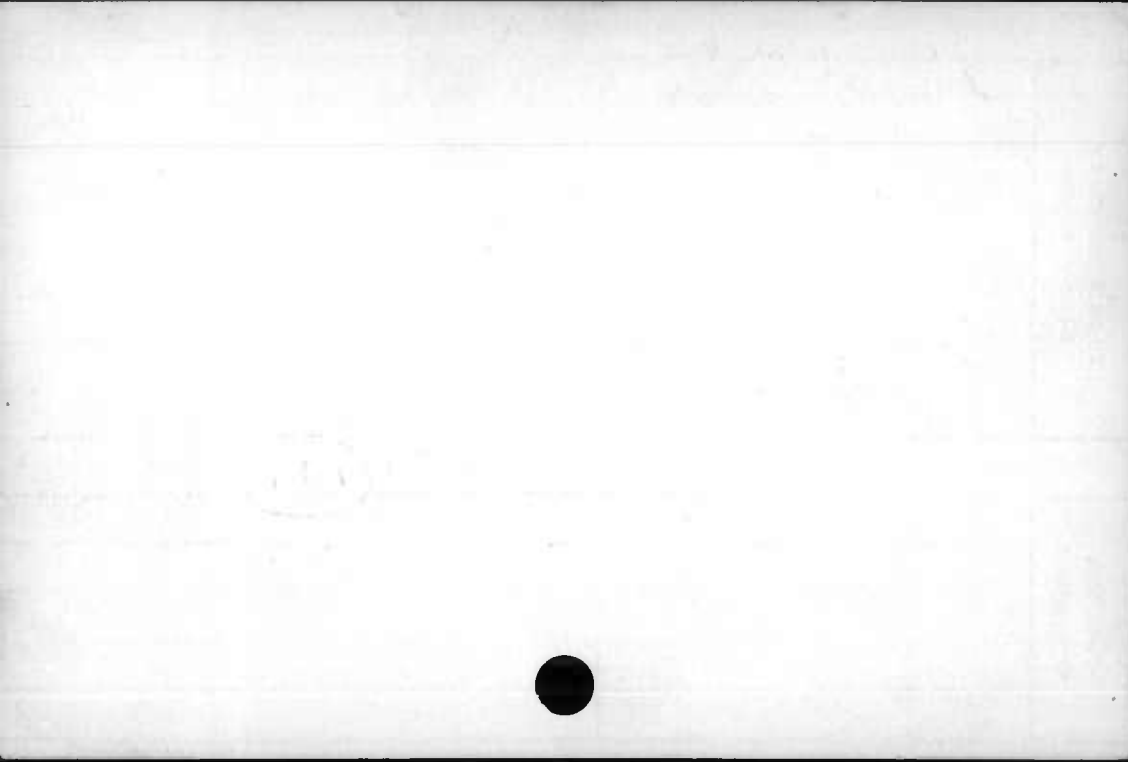
Died at <i>Hagers town</i> Town		<i>Washington</i> County		MARYLAND	
Date of death	1908	Month	1	Day	24
Age	1	Years	1	Months	6
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>MD</i>
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<i>Fred M. Wolfinger</i>			Father's Birthplace	<i>MD</i>
Mother's Maiden Name	<i>Hazel V. Small</i>			Mother's Birthplace	<i>Pa</i>
Name of person giving information	<i>Fred M. Wolfinger</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	<i>acute Indigestion</i>	How long	<i>few hours</i>
Immediate	<i>Convulsion</i>	How long	<i>" "</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>W. Preston Miller</i>	
		Address	
		<i>Hagerstown</i>	
Accident or Suicide?			
<i>no</i>		<i>Med</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Josephine In Wright
 Died at ^{Town} Williamport ^{County} Wash.
 Date of death 1904 Jan. 2 Age 4 Months
 Sex Female Color or Race white Birthplace Williamport
 Occupation none Where Residing if not at place of death Williamport
 Married, Single or Widowed Single Name of Wife or Husband ~~Marion B. Wright~~
 Father's Name Marion B. Wright Father's Birthplace Williamport
 Mother's Maiden Name Grace M. Spigle Mother's Birthplace Wash. Co.
 Name of person giving information Grace M. Spigle How related to deceased Mother

CAUSES OF DEATH

176

PHYSICIAN
OR CORONER

Primary Cause of Death Partial Strangulation of Placenta Perforation
 Immediate Cause of Death Exhaustion
 Are the name, age, sex, color, date and place correctly given above Yes
 Signature of Physician W. Richardson
 Address Williamport Md
 Accident or Suicide No

